SCHOOLS

Cessation services in the schools are offered by the Michigan chapters of the ACS and the ALA. The ACS has a tobacco cessation program designed for vocational/technical high school and community college students called "Breaking Free." This program presents the health benefits of stopping smoking and the social benefits of a non-addictive lifestyle in an upbeat format using music videos, comic books, and computer software. In addition, teens ages 12-18 are encouraged to quit smoking through a computer-based program titled "kNOW SMOKE". Also available in schools throughout the state is the ALA's "Tobacco-Free Teens" program, described above.

In the Upper Peninsula, three schools in Marquette County offer the Tobacco-Free Teens programs, including the Bi-County Alternative High School. Training in smoking cessation for teens has also been offered to teachers in all county high schools. Cessation clinics for teens have been started in schools in Alger County, with plans to initiate this program in Chippewa County during the next school year.

In Genesee County, the "Tobacco-Free Teens" program is active at Holly Middle School. In addition, tobacco cessation resource packets were developed by the SMART Coalition and distributed to 150 schools in Genesee County in late 1989.

COMMUNITY NETWORKS

The major voluntary associations are the main source of tobacco cessation services in the state. The ACS sponsors "Fresh Start", a group smoking cessation intervention of four or six weeks duration, as well as a one-session program, "Smart Move," which helps support smokers as they try to quit smoking.

The ALA's "Freedom from Smoking" program includes both printed materials and an eight-session group cessation experience. This program is the most widely used throughout the state, and the only one available in much of rural Michigan.

The ALA's "Tobacco-Free Teens" program, mentioned above as available in health care settings and schools, is also used through substance abuse centers and teen centers in Michigan. A pilot program is being planned for Flint's Eastside Teen Center (Genesee County), where the director estimates that 80 percent of the young people who use the center are smokers.

These ALA and ACS programs are found in all four intervention regions. For example, in Kent County, the ACS "Fresh Start" program was attended by 120 residents in 1988-89. In addition, this organization filled 5,067 requests for information on

tobacco use and quitting. The ALA's "Freedom from Smoking" program is also offered in Kent County, through agencies such Corporate Fitness, Inc., in addition to the health care setting mentioned above.

Another example of the use of these programs in an intervention region is the eastern Upper Peninsula, where the ALA's "Freedom from Smoking" program can be found in Luce, Mackinac, Alger, Schoolcraft, and Chippewa Counties. In those counties, self-help cessation kits are also distributed. Lake Superior State University, in Chippewa County in the Upper Peninsula, has received an MHI grant to provide cessation services to the Native American population.

In Genesee County, the SMART Coalition developed a Community Resource Guide which listed local cessation programs, including those offered through the major voluntary health associations. Also included was information on written materials, such as those available through the AHA. The SMART phone number was included in the brochure to provide further access to cessation information.

In 1989, several voluntary organizations combined to sponsor free smoking cessation services Detroit neighborhoods. Posters advertising the services were placed in more than 200 city locations, including dry cleaners, churches, beauty salons, barber shops and restaurants.

Also in Detroit, the Michigan Cancer Foundation is undertaking a self-help, minimal contact smoking cessation program for the low-income black population, with a grant from the Michigan Department of Public Health. The program will be led by black professional health educators. Indigenous community leaders will be trained in the techniques of the program, so that it will be ongoing for other community groups as well as be available to recidivists.

The Yellow Pages in Flint, Grand Rapids, and Detroit all lead smokers to sources of smoking cessation beyond the voluntary associations or health care facilities. Each of them list at least one provider of hypnosis for smoking cessation, and the Detroit phone book includes a listing for the acupuncture method. Also listed are local private providers such as the Stop Smoking Center of Grand Rapids, and Detroit's Health Improvement Network and Seventh Day Adventist Better Living Center.

The Tobacco Reduction Task Force made strong recommendations regarding improved availability and accessibility of cessation services that meet minimum criteria for quality and effectiveness, particularly for those populations with high levels of tobacco use.

Great American Smoke-Out

Promotional activities can be very helpful in encouraging cessation. Probably the most well-known promotional event is the ACS's day-long "Great American Smoke-Out", held each November. On this day, current smokers are urged to quit the habit, supported by the knowledge that their cessation efforts are being shared by smokers across the nation. Recently, the ALA proclaimed July 5 as "Non-Dependence Day", a day on which smokers are encouraged to "declare [their] independence from smoking."

Kent County's SAFE Coalition sponsored a "Smoke-Free Week," coinciding with the ACS Great American Smoke-Out in November, 1989. Public interest in cessation was aroused by a local radio personality who agreed to quit smoking during that week. This DJ encouraged discussion on smoking cessation through an on-air open phone line, with cessation facilitators from Blodgett Hospital offering expert advice to callers. SAFE Coalition members participated in a talk show on this radio station. Also during this week, a local restaurant featured a smoke-free day and distributed literature on the hazards of smoking and tips on quitting at the restaurant.

In the Upper Peninsula, the Marquette County Tobacco Or Health Community Coalition has received significant attention for their efforts during the "Great American Smoke-Out". In 1988, promotion of this event included two billboards donated by a local company which spread the cessation message and advertised a "Go for the Gold" contest in which persons who quit smoking on that day could win a gold pendant. A local cable station broadcast a cessation program ("Time to Quit Marquette") six times during November, and the local public television station featured two tobacco-related programs during the month, including one on women and smoking. One hundred and thirty pledge cards were collected from persons who had quit smoking for the day.

The project was repeated the following year, with six donated billboards, increased media attention and support, and additional activities, such as the issuing of a smoke-free challenge for local bowling teams and distribution of free promotional trash bags at area car washes. One hundred and seventy five local smokers submitted pledge cards in this second year.

The Western Upper Peninsula Health Department replicated the Marquette project in 1989, with special emphasis on using community agencies and facilities to distribute materials. In this sparsely populated area, 64 smokers submitted pledge cards and entered the "Go for the Gold" contest.

Clearinghouse Services

Clearinghouses provide information on organized cessation services, as well as educate the public in a more general way about tobacco use and motivate current tobacco users to quit. Michigan residents statewide have access to several tobacco clearinghouses.

Through the MHI media campaign, the public is made aware of a toll-free "hotline" through which callers can obtain self-help kits for quitting smoking and other information on tobacco use. From June 1, 1989 to August 10, 1990, the clearinghouse received 2,651 calls for information, and made 1,729 follow-up calls.

The Meyer L. Prentis Comprehensive Cancer Center of Metropolitan Detroit operates the local Cancer Information Service (CIS), another toll-free "hotline" with tobacco information and referral for cessation. Recently, the CIS was able to identify more than 50 smoking cessation classes in the metropolitan Detroit area, as well as classes available in other parts of the state. The CIS is electronically linked to the NCI Publication Ordering Service, so that callers have easy access to a wide range of educational materials.

In addition to these services, the national offices of the American Cancer Society, American Lung Association, and American Heart Association maintain toll-free numbers for tobacco-related information that are accessible to Michigan residents.

The Tobacco Reduction Task Force indicated that tobacco information clearinghouses in Michigan could be improved through coordination, expansion, and publicizing of the services.

2. Describe the history and current availability of smoking prevention services by channel.

WORKSITES

Overall health promotion/risk reduction programs, such as those offered through the MHI Worksite Wellness program (above), provide a workplace atmosphere that discourages the adoption or continuation of unhealthy habits such as tobacco use. The availability of health screening, risk reduction education, and stress management services all serve to reinforce the prevention of tobacco use.

The Genesee County Unit of ACS, provides a program called "Taking Control" on a regular basis to employees of General Motors, the City of Flint, Genesee County, and local schools. This cancer prevention/risk reduction program includes information on the dangers of tobacco use. In Kent County, the ACS provides

worksite presentations approximately six times per year focusing on smoking prevention and environmental risk reduction.

Also in the area of prevention, the ALA of Michigan makes presentations on the hazards of smoking several times per year in industrial or occupational settings where workers face potential exposure to substances that act synergistically with tobacco smoke to increase the risk of lung cancer.

HEALTH CARE

The Michigan State Medical Society, through its affiliation with the American Medical Association, participates in the Kids Against Tobacco (KAT) program. This collaborative effort, involving more than 25 organizations, seeks to educate children and youth, parents, and teachers about the health consequences of tobacco use, to prevent the initiation of tobacco use, and to help children and youth get active in tobacco control activities. "The Performance Edge" anti-tobacco video aimed at adolescents included a tag line for KAT, and the Michigan State Medical Society encouraged the use of this PSA on Michigan television stations.

In the Upper Peninsula, the health care system has been involved in prevention activities. Education and prevention services are offered through WIC clinics in the Chippewa County and Luce-Mackinac-Alger-Schoolcraft District Health Departments, and written materials on women and smoking are available through the Marquette County Health Department. Also in Marquette, hospitals have distributed t-shirts to infants born during the Great American Smoke-Out that proclaim "Born Smoke-Free."

SCHOOLS

Michigan Model for Comprehensive School Health Education

Michigan's schoolchildren are given anti-tobacco messages through the Michigan Model for Comprehensive School Health Education. Begun in 1984, this program provides consistent and comprehensive health curriculum activities concerning the many aspects of mental and physical health. It also teaches life skills in decision-making, problem-solving, resisting peer pressure, and developing a sense of self-esteem.

Preventing tobacco use is an important component of the Michigan Model. In addition to 16 lessons that deal directly with the dangers of using cigarettes and other tobacco products, the Model includes 20 other lessons, with examples of tobacco use to teach students decision-making and problem-solving skills. In this way, students not only learn the facts about tobacco and health,

but also the skills that will enable them to make critical decisions about their own use of tobacco. An important component of the program is the parents' manual which encourages parental involvement in their children's health education.

By the 1989-90 school year, the curriculum was completed for grades kindergarten through 8, with development underway for extending it through the high school years. More than 450 local school districts participated in the Model, reaching more than 980,000 students statewide. This represents approximately 85 percent of all school districts in the state. In addition, 123 private schools were enrolled in the program. Full statewide implementation is expected by the 1991-92 school year.

Local health departments and the major voluntary health associations all participate as trainers and presenters for the Michigan Model curriculum.

The Michigan Model is used in 13 public school districts and one private school in Kent County. All Detroit Public Schools participate in the program, as well as one private school. In the Upper Peninsula, 61 public school districts, 12 private schools, and one Indian reservation school use the Michigan Model. In Genesee County, 17 public school districts and 13 private schools participate in the program.

For the Fall of 1990, the Genesee County SMART Coalition is planning a creative anti-tobacco intervention through the fifth grade unit of the Michigan Model. In addition to formal classroom lessons, the students will be asked to participate in an anti-tobacco poster contest. The winning poster will be developed into a refrigerator magnet, which will also include information on cessation resources and affirmations such as "I want healthy lungs", "I will stay tobacco-free so I can do the things that I want to do", and "I want my family to be healthy."

The 1989 Tobacco Reduction Task Force commended the work of the Michigan Model and suggested improvements. These include enhanced tobacco education for the early elementary grades, increased information on smokeless tobacco, and a commitment to long-term evaluation of the Model.

Smoke-Free Class of 2000

Tobacco education and prevention efforts within the schools are also promoted by the "Smoke-Free Class of 2000" program, sponsored jointly by the state chapters of the ALA, AHA, and the ACS. Launched with children who were kindergartners in 1988, and continuing with successive incoming classes, this ambitious 12-year education and awareness campaign provides anti-tobacco educational materials designed especially for these children,

their parents, and their teachers. The effort also attempts to focus media and community attention on these youngsters as the symbolic ambassadors of a new smoke-free generation.

Across the state, nearly 900 schools participate in the Smoke-Free Class of 2000 project. These include 31 schools in Kent County, 16 schools in Genesee County, 29 schools in Detroit, and 37 schools in the Upper Peninsula.

In addition to the coordinator role played by the voluntary health associations, local groups contribute to the program. In Marquette County, the Girl Scouts have been recruited to provide peer instruction as part of the program, reaching 500 kindergartners last year.

Other Prevention Activities in the Schools

The ACS has developed several tobacco use prevention programs that are promoted to Michigan schools by the local ACS units.

Preschoolers ages 3 through 5 can benefit from an ACS program called "Starting Free: Good Air for Me", in which they learn polite ways to avoid exposure to tobacco smoke. Early elementary school students (grades K-3) are helped with decisions about personal health, particularly tobacco use, through a program called "An Early Start to Good Health." Another program in this series is "Health Network," geared toward children in grades 4 through 6. This program uses activities of interest to this age group, such as games, to encourage prevention among children.

A prevention program for students in grades 7 through 9 is "Health Myself", in which older students are given a basis for making informed decisions about health behaviors, particularly tobacco use. For high school students, "Dangers of Smoking, Benefits of Quitting" takes a direct approach to the dangers of tobacco use, using a film and quizzes to emphasize the lessons.

The ALA of Michigan also is involved in anti-tobacco prevention in the schools, visiting classrooms to present information on the hazards of smoking. For example, the ALA reports that they reached more than 5,000 students in Genesee County classrooms during the first quarter of 1990.

A large scale tobacco prevention program has recently been instituted in the Upper Peninsula through a grant from the Kellogg Foundation. The Tobacco-Free Schools initiative, modeled after similar programs in Minnesota and Oregon, has two objectives: establishing voluntary smoke-free schools; and reducing tobacco use among students. Personnel from about 90 percent of the schools in the Upper Peninsula have received training that will enable them to work in teams toward these

goals. Local health departments are facilitating this program with local school districts.

Two other tobacco prevention programs were instituted in schools in Marquette County over the last three years. The Marquette County Tobacco Or Health Community Coalition sponsored Project TAP (Television Anti-Smoking Project) in 1989. In this program, middle schools were provided with a curriculum on the hazards of tobacco use. Students in the program were motivated by a contest which asked them to create a thirty second public service announcement about the dangers of tobacco. The winning entry was produced by a local television station, and was still being shown eight months later. Also in Marquette schools, a smokeless tobacco lesson was added to the dental health unit for 4th and 5th graders.

An innovative program begun over twenty years ago within Michigan schools is "Students Against Smoking", sponsored in part by the ACS. In this program, high school students are trained to present anti-smoking programs to elementary school students. Although there were up to 45 active units across the state at one time, the program currently takes a back seat to the Michigan Model and other prevention programs. A few schools in the state still have "Students Against Smoking" chapters, and a manual for establishing the program is available through the ACS, Michigan Division. Genesee County's Grand Blanc High School has an active Students Against Smoking chapter.

In addition to the anti-tobacco lessons in the Michigan Model and Smoke-Free Class of 2000 curricula, students in Kent County are exposed to tobacco prevention messages through other programs in the schools, such as LISTEN: Drug Prevention Program, Project Charlie, D.A.R.E., Quest, and Skills for Adolescence. With the cooperation of the local state police post, D.A.R.E. is also being instituted in several U.P counties. The Detroit Public Schools have developed a module on the myths and realities of smoking which is included in the required health education class for grades 9 through 12.

Also in the area of prevention, the MHI media campaign includes two eye-catching posters with the message "Smoking Stinks". These posters, which are distributed to schools state-wide, complement the televised media campaign.

COMMUNITY NETWORKS

As with cessation, prevention programs for the community at large are conducted by the ACS, the ALA, and the AHA. These services are also provided by health educators in the local health departments across the state, including the four intervention regions.

A prevention program called "Women and Smoking" is available for presentation to community groups through the ACS local units. This program is designed to draw women smokers' attention to the potential health hazards of smoking and to offer support and motivation to quit. The format includes a speaker's introduction, film, and discussion period.

In Genesee County, the SMART Coalition has recognized the need for providing smoke-free recreational activities in the Genesee County area. Consequently, they have negotiated with a local bowling alley to sponsor a smoke-free bowling league. One night a week, smoking is prohibited in the lane area of the bowling alley.

3. Describe the history and current availability of public education resources.

Many of the activities described above, such as media campaigns, promotional events, and community programs, educate the public around tobacco issues. In Genesee County, these include promotion of smoke-free facilities, media attention to the SMART Coalition and its goals, and public distribution of tobacco cessation information.

The efforts of the Kent County SAFE Coalition have served to raise public awareness of tobacco issues. Through donated billboards, the Coalition displayed its "smoke-free" logo, with the message "Make It Happen." The billboards also included the SAFE phone number for more information.

To alert Kent County residents of their rights under tobacco control laws in Michigan, the SAFE Coalition developed a brochure called "Citizens Guide to Tobacco Control." This informational piece describes these statutes, and provides instruction on how to lodge a complaint about violations of these laws. The brochure has been widely circulated in the county, and will be further distributed in the Fall, 1990 at the Health Expo.

In another instance, the coalition prepared educational materials about the Youth Tobacco Act that were mailed to retailers along with the warning signs required in the law. The coalition also sent this brochure to schools, parent groups, youth groups and other organizations interested in youth issues. The brochures continue to be helpful in educating Kent County groups about the Youth Tobacco Act. In a recent example, a letter and brochures were sent to ALA-TEEN coordinators in the county when coalition members received complaints about minors smoking during these meetings.

As an additional activity, the SAFE Coalition invited the public to hear about tobacco control legislation and politics at a luncheon that featured state Senator Jack Faxon as keynote speaker. This program was held during the "Smoke-Free Week" that coincided with the "Great American Smoke-Out".

The significant amount of anti-tobacco activity in the U.P., particularly Marquette County, has served to make the public aware of tobacco issues in that area. In addition, Marquette County can claim more than 10 community wide tobacco education programs in the last three years, with plans for workshops on second hand smoke to be presented in the future. The Marquette Coalition also has prepared a manual on forming a tobacco control community coalition, which is available for general distribution.

As previously mentioned, public education regarding tactics of tobacco industry advertising can be found in the Detroit area through CABAAT's "Meaning of the Message" community workshops. Also in Detroit, the city health department is seeking funding for a physician cessation training to be held in the Fall, 1990.

In some instances, specific groups around the state have been targeted for education on tobacco issues.

Public health professionals have been kept updated on policy and program activity through educational activities in the state. For example, at the 1990 Director's Conference, sponsored annually by the Michigan Department of Public Health, a session on tobacco issues included a panel of anti-tobacco advocates from the local, state, and federal levels. An overview of activities at each level was provided, and the audience, made up largely of local public health officials from around the state, were encouraged to ask questions and share ideas in the area of tobacco reduction.

Similarly, the Fifth National Conference on Chronic Disease Prevention and Control, sponsored by the Centers for Disease Control, the Association of State and Territorial Health Officials, and the Association of State and Territorial Chronic Disease Program Directors, will be held in Detroit in October, 1990. The Michigan Department of Public Health is host for this conference. Tobacco will be a major topic, included (at a minimum) in a plenary session on "Tobacco Control: Science and Politics", and an invitational session, "State and Community Tobacco Control Activities."

On the local level, the Upper Peninsula Public Health Conference held in May, 1989 included substantial information about tobacco control, including a session on local coalitions.

The ACS offers a small group presentation called "Where There's No Smoke" which is designed to motivate community leaders and other citizens to act to protect themselves and their communities from the hazards of environmental tobacco smoke. Target groups are employers, restaurant owners, hospital and clinic

administrators, school administrators, and hotel managers, with materials tailored to each group.

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In Genesee County, the SMART Coalition developed a survey regarding smoking policies in the workplace that was completed by 150 employers who were members of the local Chamber of Commerce. The survey indicated that less than 30 percent of these employers had a written policy in place. The data collected in this survey were used to plan and present a smoking policy writing workshop for employers, which was attended by 25 percent of the employers without written policies.

State legislators have been educated regarding the tobacco problem and policy activities by many health advocacy groups in the state. Three legislators were invited to participate in the 1989 Tobacco Reduction Task Force. Staff who represented these legislators at the meetings shared background information and policy questions with the legislators. All Michigan legislators, state and federal, were sent a copy of the completed report and were offered assistance on tobacco issues by the Michigan Department of Public Health.

Much anti-tobacco education and advocacy with legislators has been done by the major health voluntary groups, and their united group, the Michigan Coalition on Smoking OR Health. Special projects, like the ACS's upcoming legislator survey, provide additional education. This survey, expected to be mailed in September, 1990, will serve to educate policymakers to the issues of tobacco and cancer and policy alternatives, at the same time that it will ask for information important to anti-tobacco advocates in planning for future policy activities.

V. MANAGEMENT PLAN

A. Describe and justify a management structure for intervention planning and delivery, based on the site demographics, the smoking problem, available resources and other pertinent factors.

General Background

Michigan has a generally high rate of smoking, reflecting a population that includes a large component of blue collar and service workers and minority persons. Moreover, Michigan women appear to have one of the highest rates of smoking in the United States, exceeded only by Nevada and Kentucky. There is also concern about the use of smokeless tobacco among teenage males in Michigan's U.P.. To address the problem of reducing tobacco use in Michigan, the Michigan Department of Public Health created the Michigan Tobacco Program (MITOP) in its Center for Health Promotion.

MITOP, with the cooperation and active assistance of a large number of organizations and individuals, including the Michigan Division of the ACS, has worked to create a ten-year consensus agenda for reducing tobacco use in Michigan. The Michigan Tobacco Reduction Task Force, a broadly-based group organized and staffed by MITOP, issued a report in January, 1990, which contains more than 40 specific recommendations for reducing tobacco consumption in Michigan by 50 percent by the year 2000. The recommendations are designed to create social, economic and political environments that discourage the use of tobacco and protect non-users from the hazards of smoking. Other recommendations focus on services required to educate, motivate and support decisions of Michigan residents not to initiate tobacco use or to quit using tobacco. (See Appendix F for a copy of the report which includes a membership list.)

In addition to the ten-year agenda for reducing tobacco consumption, Michigan has a well-developed structure of antitobacco coalitions, at both the state and local levels. MITOP has considerable experience in the organization and development of these coalitions. A state-wide coalition to implement the recommendations of the task force has been organized and is described in more detail in subsequent sections. Additionally, MITOP is supporting with small grants the development of community based anti-tobacco coalitions, as mentioned previously.

ASSIST will be very effective in Michigan, because it can be incorporated into the consensus agenda for reducing tobacco use and also take advantage of the substantial effort which has already gone into creating the current structure of anti-tobacco coalitions. The management plan described below is designed to

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make sure that the ASSIST project takes maximum advantage of the unique resources and opportunities which exist in Michigan. Responsibility for implementing the ASSIST project management functions will be placed in MITOP. See Figures ?? - ?? for organization of the Michigan Department of Public Health and the ASSIST project.

State-wide COALITION: TOBACCO-FREE MICHIGAN ACTION COALITION (TFMAC)

Membership and Purpose

The Tobacco-Free Michigan Action Coalition (TFMAC) is a 53-member state-wide coalition dedicated to reducing tobacco use in Michigan through implementation of the Tobacco Reduction Task Force recommendations. Membership from the original Task Force has been augmented for TFMAC with organizations that will facilitate implementation of the recommendations, including one representative from each of the 8 community-based anti-tobacco coalitions which have been organized with the assistance of MITOP grants. TFMAC is co-chaired by the ACS, Michigan Division, and the ALA of Michigan. Current TFMAC membership and organizational structure are discussed more fully in Section VI. below.

TFMAC will serve as the state-wide ASSIST coalition and perform the following functions for the ASSIST project:

- 1. Advise the ASSIST Project Contractor on how the ASSIST project can best support the TFMAC goal of reducing tobacco use in Michigan by 50 percent by the year 2000.
- 2. Identify appropriate activities and advise the ASSIST Project Contractor with regard to planning and implementing state-wide and local intervention activities.
- 3. Serve as a resource base for state-wide and local ASSIST project intervention activities.
- 4. Facilitate access to intervention channels and target groups throughout the site.
- 5. Provide a means to disseminate information and news about ASSIST project activities to member constituencies, and a means for the ASSIST project to obtain information about other tobacco-related activities and issues.

Three of the MITOP-supported community based anti-tobacco coalitions will also serve as the core of the ASSIST intensive intervention region coalition. A fourth coalition will be

organized for the fourth intervention region, Detroit. When the ASSIST project is initiated, TFMAC membership will be augmented to ensure inclusion of three representatives from each of the four Assist project intensive intervention regions. Regional representatives will consist of one from the region's subcontracting local health department, one from the region's local ACS unit or units, and a third to represent the other members of the regional anti-tobacco coalition.

TFMAC ASSIST Project Decision Rules

TFMAC will use the following decision-making rules regarding the ASSIST project:

- 1. The ASSIST project will be a subject of at least 3 regularly scheduled meetings per calendar year. A minimum of four weeks notice shall be given. Notice shall consist of date, time, location and an agenda including the ASSIST project topics to be discussed.
- 2. Special meetings to discuss the ASSIST project may be called with shorter notice.
- 3. A quorum for ASSIST project business at a regularly scheduled meeting shall consist of TFMAC members present. TFMAC actions at regularly scheduled meetings regarding the ASSIST project will be based on a majority of those voting. Only members (or designees) may vote.
- 4. A quorum for ASSIST project business at a special meeting shall consist of 40 percent of TFMAC members, including (in the event that a member can not attend) member designees. TFMAC actions regarding the ASSIST project at special meetings will be based on a majority of those voting. Only members (or designees) may vote.
- 5. Any member (or designee) may nominate an individual or organization for membership in TFMAC. Membership will be determined by a majority of those voting at either a regularly scheduled or special meeting.
- 6. The chairperson(s) of TFMAC is elected by the membership. Currently, TFMAC is co-chaired by a representative from the ACS, Michigan Division and the American Lung Association of Michigan.
- 7. Currently TFMAC has no standing committees. However, three ad hoc committees have been established: a planning committee, responsible for overall agenda planning; and two legislative committees responsible

for drafting legislative initiatives in two priority areas--youth protection and clean indoor air. Upon receipt of an ASSIST award, ASSIST project standing committees will be organized as described below.

Administrative Support for TFMAC

Agenda planning for ASSIST project items will be the responsibility of the ASSIST Project Executive Committee, which is described below. All staff support functions for TFMAC will be performed by the contractor, specifically MITOP. It will be the responsibility of the Project Manager to supervise and coordinate support functions. These include arranging for printing and mailing notices of meetings, arranging for meeting locations and meals or refreshments, reimbursement of member travel expenses, preparation and distribution of minutes, etc.

ASSIST PROJECT EXECUTIVE COMMITTEE (APEX)

Membership and Purpose

An ASSIST Project Executive Committee will be formed according to the formula stipulated in the ASSIST RFP. It will consist of two representatives from the Michigan Department of Public Health, (the ASSIST Project Director and the ASSIST Project Manager), two representatives from the ACS, Michigan Division (one of whom will be the TFMAC co-chairperson, and the ALA co-chairperson of TFMAC. APEX will plan agenda items for ASSIST project business to be considered by TFMAC. APEX also will plan the agenda for the ASSIST Project Steering Committee, described below. APEX will provide a means of coordinating information and activities between the Michigan Department of Public and the ACS, Michigan Division. APEX will be responsible for final approval of site analysis, plan and budgets during Phase I and II.

APEX Decision Rules

- 1. A quorum shall consist of all members (or their designees).
- 2. In instances where there is no unanimous consensus, decisions shall be by majority vote.

Administrative Support for APEX

All staff support functions for APEX will be performed by the contractor, specifically MITOP. These include arranging for printing and mailing notices of meetings, arranging for meeting

locations and meals or refreshments, reimbursement of member travel expenses, preparation and distribution of minutes, etc.

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ASSIST PROJECT STEERING COMMITTEE (APSC)

Membership and Purpose

The required Executive Committee formula permits, at most, only two representatives who are not from either the ACS, Michigan Division or the Michigan Department of Public Health. The prior experience of the applicant suggests that when authority and responsibility for planning and decision-making are this closely held, it will be difficult, if not impossible, to achieve full cooperation and active participation of the key agencies and organizations with specific responsibilities under the ASSIST project.

Therefore, an ASSIST Project Steering Committee (APSC) will be formed to ensure that agencies and organizations with specific responsibilities under the project contract will have an opportunity to fully participate in planning and decision-making. The APSC will consist of the co-chairs of TFMAC, the ASSIST Project Director and ASSIST Project Manager, two representatives from the ACS, Michigan Division, a local health department and local ACS unit representative from each intensive intervention region, and a representative from any other state or local organization with a specific contract responsibility under ASSIST, e.g., ALA of Michigan, AHA of Michigan, Michigan State Medical Society, Michigan Cancer Foundation, etc. It is anticipated that membership in the committee may change during the life of the contract, as different responsibilities are added or completed.

It will be the responsibility of the APSC to reach a consensus, consistent with the requirements of the ASSIST RFP, among the key agencies and organizations, on project priorities, delegation of responsibilities, methods of carrying out responsibilities, and allocation of resources among activities and participants. Consensus will be established prior to final approval of the Executive Committee.

Decision Rules for APSC

- 1. A regular schedule of APSC meetings will be established with a minimum of three weeks notice given. Notice shall consist of date, time, location and an agenda.
- Special meetings may be called with shorter notice.

4. A quorum for a special APSC meeting shall consist of 40% of APSC members (including designees of absent members). If there is not consensus on an issue, decisions will be by majority of those voting. Only members (or designees) may vote.

Administrative Support for APSC

Agenda planning for APSC will be the responsibility of the ASSIST Project Executive Committee. All staff support functions for TFMAC will be performed by the contractor, specifically MITOP. The Project Manager will be responsible for supervision and coordination of the functions. These include arranging for printing and mailing notices of meetings, arranging for meeting locations and meals or refreshments, reimbursement of member travel expenses, preparation and distribution of minutes, etc.

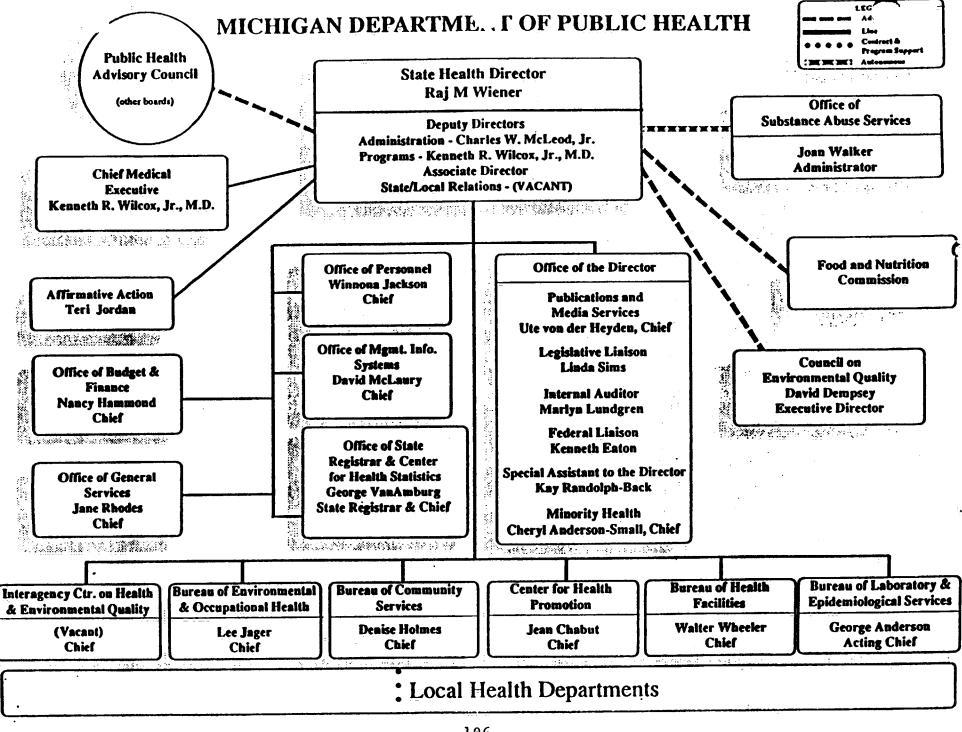
INTENSIVE INTERVENTION REGION COALITIONS

Each of the four intensive intervention regions will have community-based coalitions. As previously described, three of these coalitions are currently active (Kent County, Genesee County, and the U.P.) and a fourth is being organized for the ASSIST project in the city of Detroit. The subcontracting local health departments in each of these areas will be the administratively and fiscally responsible agencies at the regional level. ASSIST subcontracts will be negotiated by the Michigan Department of Public Health with local health departments. Local health departments may in turn subcontract with local agencies as appropriate.

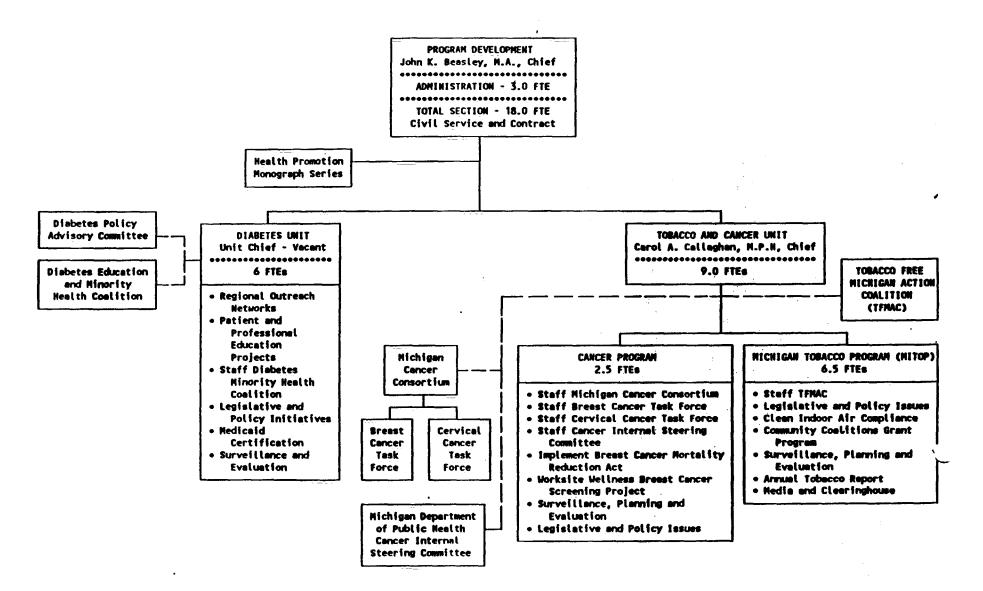
B. Present an organization chart that delineates lines of authority for project management and decision making.

See these charts that follow:

Organizational Chart of the Michigan Department of Public Health Organizational Chart of the Center for Health Promotion Organizational Chart of the Program Development Section Organization of the Michigan ASSIST Project



PROGRAM DEVELOPMENT SECTION CURRENT ORGANIZATION



ADMINISTRATION

Jean Chabut, Chief State Executive II. 35-77-01-00-00-00-001

Janice Ruff, Deputy Chief State Executive II 35-77-01-00-00-00-002

Nancy Marek, Executive Secretary 11
Kathi Landon, Department Analyst VII
Lynne Lee, Department Analyst VII
Jane Weiss, Secretary 09
Karlene Cotton, Accounting Tech. III

DIVISION OF RESEARCH & DEVELOPMENT Jeff Taylor, Chief, Dept.Adm. XIII Janet Droste, Secretary DIVISION OF HEALTH EDUCATION Sunny Chiu, Chief, Dept.Adm.XII Rae Ann Beck, Secretary SPECIAL OFFICE ON AIDS PREVENTION Randall Pope, Chief, Dept.Adm.XII Sharon Cummings, Secretary

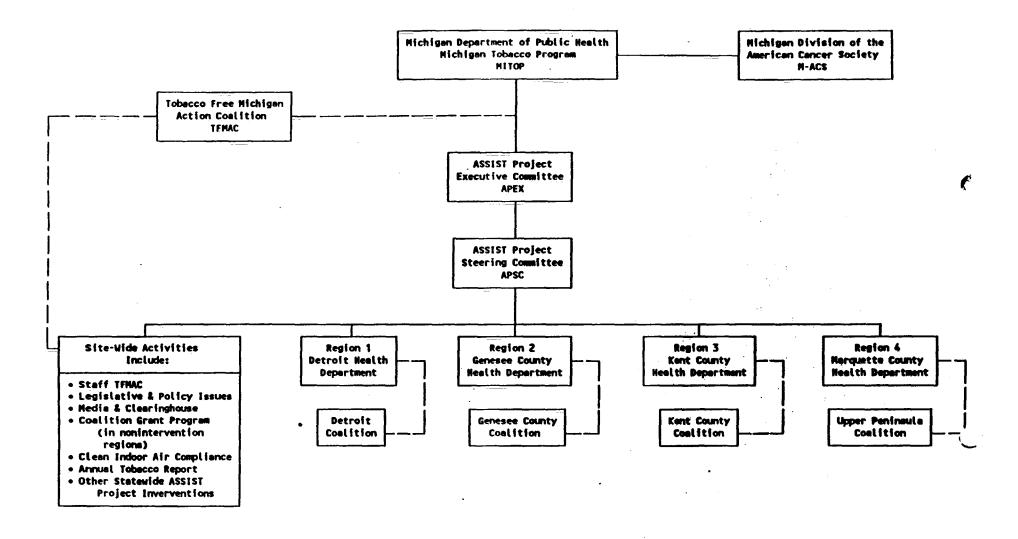
- Chronic Disease Advisory Comm.
- Prof. & Technical Services
- Worksite Wellness
- Health Surveillance
- Evaluation & Special Projects
- Risk Factor Surveillance
- Nutrition Epidemiology
- Health Promotion for the Elderly
- New Investigators Research Grants
- Alzheimers Disease Epidemiology
- Renal Disease
- Diabetes Prevention & Control
- Cancer Prevention and Control
- Tobacco Program
- Health Services Research
- Health Monograph Series
- Health Promotion Projects
- Chronic Disease Epidemiology
- Agent Orange Commission
- Veterans Health Promotion Section

- School Health Education
- Health Education Consultation
- Health Promotion Networking
- Public Health Library
- Clearinghouse
- Center Newsletter
- Traffic Safety

- Budget & Contract Management
- Training & Information Services
- Prevention Programs
- Technical Services & Evaluation

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ORGANIZATION OF MICHIGAN ASSIST PROJECT



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- C. Propose a management structure and decision making process that will ensure ACS (or other QVHA) health department communication and will support the fulfillment of requirements for Phase I. Address the performance of the following functions:
 - 1. Agenda and meeting planning and meeting support is provided by the contractor, Michigan Department of Public Health, MITOP, or the subcontracting local health departments, in consultation with the ACS, Michigan Division, and local ACS units and other agencies, as described above.
 - 2. Recruitment of chairs and membership of coalition committees and subcommittees at the state level is based on the operating rules described above. These rules largely reflect existing coalition structures and established precedents. Recruitment of new members for specific active participation in the intensive intervention regions has been shared by MITOP, the ACS, Michigan Division, the local health departments in each intervention region, and the local ACS units in the intervention regions.
 - 3. Coordination of communication with coalition member groups including developing and keeping upto-date ASSIST project mailing and telephone lists will be the responsibility of the contractor, specifically MITOP. The ACS, Michigan Division, local ACS units, and the subcontracting local health departments will help MITOP by keeping upto-date address and telephone lists of members and by directly distributing such materials as may be appropriate to facilitate communications. Coordination of communication between members within individual regional coalitions will be the primary responsibility of the subcontracting local health department.
 - 4. Coordination and dissemination of training will be the overall responsibility of MITOP. MITOP will be responsible for identifying and communicating training opportunities through the ASSIST project. MITOP will also identify appropriate individuals to receive training with the assistance of the of the ACS, Michigan Division, local ACS units, and the subcontracting local health departments. Training plans will be reviewed and approved by the APSC as described above.

- Consultation with member groups will be the 5. responsibility of MITOP. This will include explaining ASSIST project requirements to various coalition members and to those with specific obligations under the ASSIST project. In those cases where specific expertise may be required to facilitate implementation of a specific planning or intervention activity, MITOP will provide consultation or arrange for other expert consultation using the resources of NCI, the ACS, Michigan Division, or other agencies and institutions which are available to MITOP. Consultation may take place with individual agencies, in larger regional groups, or at APSC meetings.
- Coordination of site analysis is the overall responsibility of MITOP. It will be the responsibility of each subcontracting local health department to obtain data which is local in origin and to participate in preparation of that part of the site analysis which covers its intervention The entire state-wide analysis will be region. reviewed and approved by the APSC. The analysis will also be submitted to TFMAC members for review The ACS, Michigan Division, will and comment. participate in the preparation of the state-wide analysis, and local ACS units will work with the subcontracting local health department in the preparation of the regional portions of the analysis.
- Coordination and production of Project Action Plan 7. is the overall responsibility of MITOP. It will be the responsibility of each subcontracting local health department to participate in preparation of that part of the site analysis which covers its intervention region and to ensure appropriate participation by members of the regional coalitions in the development of the plan. entire state-wide plan will be reviewed and approved by the APSC. The plan will also be submitted to TFMAC members for review and comment. The ACS, Michigan Division, and local ACS units will assist MITOP and the subcontracting local health departments in the preparation of the plan.
- 8. Coordination of the development, approval and negotiation of Phase II proposal is the specific responsibility of Michigan Department of Public Health, MITOP. The proposal will be prepared with the participation of the ACS, Michigan Division,

subcontracting local health departments, and regional coalition members including local ACS units. The proposal will be submitted for review and comment to TFMAC and to APSC for review and approval. The Michigan Division of ACS and the other members of APSC will be consulted during the negotiation process for Phase II.

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- 9. Distribution of materials is the overall responsibility of the Michigan Department of Public Health, MITOP. The ACS, Michigan Division, local ACS units, and the subcontracting local health departments will help MITOP by keeping upto-date address and telephone lists of members and by directly distributing such materials as may be appropriate to facilitate activities.
- 10. Oversight of project activities is the general responsibility of the Michigan Department of Public Health, MITOP. Subcontracting local health departments will be responsible for oversight within their respective intervention regions and accountable to the general contractor, the Michigan Department of Public Health, MITOP.
- Management of the contract and the use of contract funds will be the sole responsibility of the Michigan Department of Public Health, specifically MITOP. Subcontracting local health departments and any other subcontractors which may be selected will be accountable to the contractor, the Michigan Department of Public Health, MITOP.
- 12. Maintenance of program records will be according to the schedule provided by NCI or, in the absence of specific instructions or guidelines, according to the Michigan Department of Public Health's well-established policies and procedures.
- 13. Production of quarterly reports is the responsibility of the contractor, Michigan Department of Public Health, MITOP. Subcontracting local health departments or any other subcontracting agencies which may be selected in the course of the ASSIST project will be required to submit reports to MITOP on a schedule that will permit MITOP to submit quarterly reports to NCI on timely basis.
- 14. Consultations with ACS Units will be a shared responsibility between ACS, Michigan Division, and MITOP. This will include working with the units

in the intervention regions to enable them to take on leadership roles in their respective coalitions. In addition, the ACS, Michigan Division, will help the Units organize and train the volunteers that will be necessary to achieve ASSIST objectives.

VI. COALITION DESCRIPTION

A. Describe the makeup of the coalitions(s).

The following sections describe five coalitions: the state-wide coalition (Tobacco-Free Michigan Action Coalition) and regional coalitions for each of the four intensive intervention regions. More than 150 organizations and individuals are represented on the five coalitions. Three of these regional coalition—the ones in the U.P., Kent County and Genesee County—are based on currently active groups which have been organized with the assistance of MITOP grants. The fourth intensive intervention region is the city of Detroit, in which a coalition is being organized specifically for the ASSIST project.

In addition to the four regional intervention coalitions, MITOP grants have been used to establish five other active local antitobacco coalitions in other areas of the state. These additional coalitions, although not located in areas for which intensive interventions will be planned under the ASSIST project, are represented on the state-wide coalition and will continue to make a significant contribution to the effort to reduce tobacco use in Michigan.

Tobacco-Free Michigan Action Coalition

The Tobacco-Free Michigan Action Coalition (TFMAC) is the state-wide coalition, planning strategies to impact on the state of Michigan as a whole. It is currently composed of 49 organizations and four individuals interested in reducing the health and social costs of tobacco use to the state, as well as to their members and constituencies.

TFMAC is a natural outgrowth of the 1989 Tobacco Reduction Task Force, mentioned previously. The Task Force brought together representatives of 45 state-wide organizations, with the goal of developing recommendations for reducing tobacco use in Michigan by 50 percent by the year 2000. The Task Force report, Tobacco-Free Michigan 2000 (see Appendix F), was issued in January 1990, and includes more than 40 strong and comprehensive recommendations to be implemented over the next 10 years. A second goal which was achieved as a result of the Task Force process was fostering an interest in and a commitment to tobacco reduction among the participating organizations.

These organizations were called upon to be the foundation of TFMAC, which has been given the task of implementing the Task Force recommendations. The word "action" was included in the title of the coalition in order to emphasize the need for active participation by the member organizations in order to achieve this significant tobacco reduction goal.

The Michigan Department of Public Health is organizing the coalition, with MITOP providing staffing services. The TFMAC cochairs are volunteers from the state offices of the ALA and the ACS. Major TFMAC activity is planned and implemented through subgroups, with the full coalition meeting less frequently.

TFMAC membership spans a broad range of interests and constituencies. Central to this effort are the major voluntary health organizations (ALA of Michigan, ALA of Southeast Michigan, ACS, Michigan Division, AHA of Michigan, March of Dimes). Also representing health interests are the Michigan Cancer Foundation and the Michigan Hospital Association.

A variety of health professionals are represented by their membership organizations: Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons, Michigan Dental Association, and Michigan Nurses Association. TFMAC membership from the public health sector includes representatives from the City of Detroit Health Department, Ottawa County Health Department, Wayne County Health Department, Western Michigan Associated Health Departments, and their statewide advocacy group, the Michigan Association for Local Public Health. The Michigan Public Health Association and the Society for Public Health Education are also TFMAC members.

Lending expertise on schools and youth are representatives of education groups: Michigan Association of School Boards, Michigan Association of Secondary School Principals, Michigan Congress of Parents, Teachers and Students, Michigan Department of Education, Michigan High School Athletic Association, the State Board of Education, and the Michigan Education Association.

Several social service agencies are represented on the coalition (Arab-American and Chaldean Community Social Services Council, Arab Community Center for Economic and Social Services, Latin American Community Against Substance Abuse, and Latino Outreach and Community Services). Although all of these agencies are operated by minority groups, their services are available to the general public. Members whose expertise is substance abuse include Project EPIC (Early Prevention in Communities) and the Office of Substance Abuse Services, a state agency.

The business and labor communities are currently represented by the Association for Fitness in Business, whose mission is promoting worksite health promotion. The Muskegon Economic Growth Alliance, a coalition effort including the local chamber of commerce, the United Auto Workers (UAW), and the American Federation of State, County, and Municipal Employees (AFSCME) have been invited and are considering participation.

Social action is the focus of several other TFMAC member organizations, such as the Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT), League of Women Voters, Michigan Coalition on Smoking OR Health, and Michigan Women's Commission.

All 12 of the local anti-tobacco coalitions referred to in Section II. belong to TFMAC. Other important community networks that are members of TFMAC include the Michigan Ecumenical Forum and the Junior League of Lansing.

In addition to these organizations, several individuals have been invited to participate because of their particular expertise and interest in tobacco issues. These individuals are: Dr. Kenneth Warner, professor of health economics at the University of Michigan School of Public Health; Dr. Erwin Bettinghaus, dean of the Michigan State University College of Communications Arts and Sciences; Dr. Albert Sparrow, professor of pediatrics at the Michigan State University College of Human Medicine; and Wayne County Commissioner Alberta Tinsley-Williams.

At this time there are no representatives of the media on the coalition. Efforts to recruit media representatives will continue, along with recruitment of additional organizations representing the black community and the business sector. Michigan members of the anti-tobacco group DOC (Doctors Ought to Care) have been identified and will be asked to participate. It should be noted that some TFMAC member organizations are based in the Detroit area, and may also participate in that regional coalition when it is fully functioning.

TFMAC members are asked to contribute to the coalition effort according to the interests and abilities of their organizations, which are varied. Among the members are those chosen for their tobacco expertise (21), access to target groups (37), large memberships or networks (42), policy advocacy skills or contacts (19), community organizing skills (16), and access to channels (40).

There is a wealth of tobacco-related experience among the coalition members, including policy advocacy (38), school-based prevention (14), community-based prevention (22), cessation services (11), professional education (10), mass media campaigns (7), clearinghouse services (3), consultation (12), and public education (25). There are a few TFMAC members who are new to the issue of tobacco, but are interested and willing to lend their resources to this important cause.

Data regarding the organizational capacity and characteristics of each TFMAC member are summarized in the following chart. (The Michigan Department of Public Health and the ACS, Michigan Division, are not included on this chart because they are

extensively described in Sections VII. and VIII.) Appendix H contains selected letters of commitment from TFMAC members and a complete list of letters that are on file, which may be made available on request.

TOBACCO-FREE MICHIGAN ACTION COALITION (TFMAC) MEMBER DESCRIPTION

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO=RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RATIONALE FOR MEMBERSHIP
Alger Coalition	E,A	s,c	General Public	N	A,B,D	Y	E,T,M,O,C
American Heart Association of Michigan		С	General Public	Y	B,C,G,I	Y	E,T,M,C
Amer. Lung Association of Michigan		s,w,c	General Public	Y	A,B,C,D,E,F,G,H,I	¥	E,T,M,A
Amer. Lung Association of S.E. Michigan	E	s,W,C	General Public	Y	A,B,C,D,F,G,H,I	Y	E,T,M
Arab-Amer. & Chaldean Community Social Services Co	s uncil	н,с	Arab-American, General Public	Υ	c	Y	т,м,о,с

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTION
A - Advocacy E - Public Education H - Health Care I - Individual M - Member Services PE - Professional Education S - Social Service Provider	C = Community Network H = Health Care S = Schools W = Worksites	A - Policy Advocacy B - School-based Prevention C - Community-based Prevention D - Cessation Services E - Professional Education F - Mass Media Campaigns G - Clearinghouse Services	A = Policy Advocacy Skills/Contacts C = Access to Channels E = Tobacco Expertise M = Large Hembership or Network O = Community Organizing Skills T = Access to Target Groups
U - Collective Bargaining Unit		H = Consultation I = Public Education (including printed material)	118

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENC		TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RATIONALE FOR MEMBERSHIP
Arab Community Center for Economic an and Social Services	s d	н, с	Arab-Amer. General Public	• ¥	C,D,E	¥	т,м,о,с
Association for Fitness in Business	1	W	Business Reps	N	D	. N	T,C
Erwin Bettinghaus	I			Y	A,E,H	¥	E,A
Clinton Coalition	E,A	s,c	General Public	N	A,C,I	¥	E,T,M,O,C
Coalition Against Billboard Advertising of Alcohol and Tobacco		G	General Public	N·	A,C,F,I	Y	E,T,M,A,O
Chippewa Coalition	E, A	s,c	General Public	N .	A,B	Y	B,T,M,O,C
Detroit Health Department	E,H,S	S,W,H,C	Detroit Residents	Y .	A,C,D,H,I	Y	T,H,A,O,C
PURPOSE		CHANNELS		TOBACCO RELATED EXPERIENCE		RATIONALE FOR MEMBERSHIP/O	CONTRIBUTION
A - Advocacy E - Public Edu H - Health Cer I - Individual M - Member Ser PE - Profession S - Sociel Ser U - Collective	vices al Education vice Provider	C = Commun H = Health S = School W = Works!		A = Policy Advocacy B = School-based Prevention C = Community-based Prevention D = Cassation Services E = Professional Education F = Mass Hedia Compaigns G = Clearinghouse Services H = Consultation	Y - Yes N - No	A = Policy Advocacy Skills C = Access to Channels E = Tobacco Expertise M = Large Membership or Ne O = Community Organizing S T = Access to Target Group	otwork kills
Unit	Dergaining			I - Public Education (including	printed material)		119

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NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RALIONALE FOR MEMBERSHIP
Genesee Coalition	E,A	s,w,H,C	General Public	N	A,B,C,E,F,H,I	Y	E,T,M,O,C
Gratiot Coalition	Ē, A	s,c	General Public	N	A,B,C,I	¥	<u>e,</u> T,H,O,C
Junior League	E,S	c	Women Ages 18-40 Yrs.	Y		Y	M,O,C
Kent Coalition	E,A	W,C	General Public	N	A,C,F,H,I	¥	E,T,H,O,C /
Latin American Community Against Substance Abuse	s	н,с	Hispanics, General Public	Y	D	Y	т,н,о,с
Latino Outreach & Community Services	s	н,с	Hispanic, General Public	Y	C,D	N	т,н,о,с
League of Women Voters	E, A	С	General Public	Y		N	T,M,A

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTIO	巫
A - Advocacy E - Public Education H - Health Care I - Individual M - Hember Services PE - Professional Education S - Social Service Provider	C = Community Network H = Health Care S = Schools W = Worksites	A = Policy Advocacy Y = Yes B = School-based Prevention N = No C = Community-based Prevention D = Consistent Services E = Professional Education F = Mass Media Campaigns G = Clearinghouse Services	A - Policy Advocacy Skills/Contacts C - Access to Channels E - Tobacco Expertise M - Large Membership or Network O - Community Organizing Skills I - Access to Target Groups	
U - Collective Bargaining Unit		H = Consultation I = Public Education (including printed material)		120

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NAME	PURPOSE	CHANNEL	OTE MEMBERSHIP/ CONSTITUENCY	HER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RATIONALE FOR MEMBERSHIP
March of Dimes	E	н,с	General Public	Y	C, F, I	Y	Н,С
Marquette Coalition	E, A	s,c	General Public	N	A,B,C,F,H,I	Y	E, T, M, P, O
Michigan Association of Local Public Heal		w, H	Local Health Departments	Y	A	Y	н,а, с
Michigan Association of Osteopat Physicians Surgeons	hic	н	Osteopathic Physicians and Surgeons	Y	A .	¥	н,а,с
Michigan Association of School Boards	PE,M	S	School Boards	Y	A, B	¥	т,н,с
Michigan Association of Secondary School Principals		s	Middle & High School Principals & Assistant Principals	Y S	A, B	Y	T,H,C

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE		RATIONALE FOR MEMBERSHIP/CONTRIBUTION	<u>on</u>
A - Advocacy E - Public Education H - Health Care I - Individual M - Hember Services PE - Professional Education S - Social Service Provider U - Collective Baggaining	C - Community Network H - Health Care S - Schools W - Worksites	A = Policy Advocacy Y = Y B = School-based Prevention N = P C = Community-based Prevention D = Cossation Services E = Professional Education F = Mass Hedia Campaigna G = Clearinghouse Services H = Consultation		A - Policy Advocacy Skills/Contacts C - Access to Channels E - Tobacco Expertise M - Large Membership or Network O - Community Organizing Skills T - Access to Target Groups	
Unit		I = Public Education (including printed materi	-11		121

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NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPENSENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RALIONALE FOR MEMBERSHIP
Michigan Cancer Foundation	н	н,с	General Public	Y	A,C,E,I	Y	E,T,M,A
Michigan Coalition on Smoking OR Health	A	Ċ	ALA, AHA, ACS	N	A	Y	E,A
Michigan Congress of Parents, Teachers, & Students	А,Н	s	School Staff, Parents, & Students	Y	A	Y	T,H,C ,
Michigan Dental Association	PE,M	н	Dentists	Y	A,E,I	Y	E,M,A,C
Michigan Department of Education	E,PE,A	S	School s	Y	A, B, E, H	Y	T,A,C
Michigan Ecumenical Forum	H	Ċ	Christian Churches	Y	:	N	T,H,C

<u>PURPOSE</u>	<u>CHANNELS</u>	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTION	
A - Advocacy E - Public Education H - Health Care I - Individual H - Hember Services PE - Professional Education S - Social Service Provider	C = Community Network H = Health Care S = Schools W = Worksites	A = Policy Advocacy Y = Yes B = School-based Prevention N = No C = Community-based Prevention D = Cessation Services E = Professional Education F = Mass Media Campaigns G = Clearinghouse Services	A - Policy Advocacy Skills/Contacts C - Access to Channels E - Tobacco Expertise M - Large Membership or Network O - Community Organizing Skills T - Access to Target Groups	
U = Collective Bargaining		<pre>H = Consultation I = Public Education (including printed meterial)</pre>	122	2

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NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RALIONALE FOR MEMBERSHIP
Michigan High School Athletic Association	м	s	Senior and Junior High Schools	N	A, I	Y	т,м,с
Michigan Nurses Association	PE,A	н	Registered Nurses	Y	A	Y	H,A,C
Michigan Public Health Association	E	н,с	Health Professionals	Y	A, I	Y	H,C /
Michigan State Medical Society	E,PE,A	н	Physicians	Y	A,E,I	Y	M,A,C
Michigan Women's Commission	E, A	c	Women	Y		¥	T,H,A
Montcalm Coalition	.E,A	s,c	General Public	N	A,S,C	Y	E,T,M,O,C
Muskegon Coalition	E,A	c	General Public	N .	A,D,C,I	Y	E,M,C

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTION	
A - Advocacy E - Public Education H - Health Cere I - Individual M - Member Services PE - Professional Education S - Social Service Provider	C = Community Network H = Health Care S = Schools W = Worksites	A = Policy Advocacy Y = Yes B = School-based Prevention N = No C = Community-based Prevention D = Cessation Services E = Professional Education F = Mess Media Campaigns G = Clearinghouse Services	A - Policy Advocacy Skills/Contacts C - Access to Channels E - Tobacco Expertise M - Large Hembership or Network O - Community Organizing Skills T - Access to Target Groups	
U - Collective Bergeining		<pre>H = Consultation I = Public Education (including printed material)</pre>	123	

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RALIONALE FOR MEMBERSHIP
Office of Substance Abuse Servi	E,A	s,w,H,C	General Public	Y	A,B,I	Y	A,C
Ottawa County Health Department	E,H,S	н,с	General Public	Y	A,H,I	Y	Ţ,M,C
Project Education and Prevention in Communit	E :ies	S,W,H,C	General Public	, ¥	В,С,Н	Y	T,M,C /
Smoke- busters 2000	E,A	c	General Public	N	A,C,I	N	T,H,C
Social Public Health Education	B,H	н	Health Educators	Y	A,C,D,H	Y	н,с
Albert Sparrow, M	.D.		,	Y	A,I	Y	E,T,C
State Board of Education	A	s	Michigan Schools	Y	A,B	Y	T,A,C
	re 1 rvices nel Education	CHANNELS C = Common H = Healt S = School W = Works	ls	TOBACCO RELATED EXPERIENCE A = Policy Advocacy B = School-based Prevention C = Community-based Preventio D = Cessation Services E = Professional Education F = Mass Media Campaigns C = Classianal Education	ү - ү өв N - No	RATIONALE FOR MEMBERSHIP/ A = Policy Advocacy Skill C = Access to Channels E = Tobacco Expertise M = Large Hembership or B O = Community Organizing T = Access to Target Grou	s/Contacts etwork Skills
S - Social Se U - Collectiv Unit	rvice Provider e Bargaining			G - Clearinghouse Services H - Consultation I - Public Education (includi	ing printed material)		124

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иаме	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER . ERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	TIONALE FOR MEMBERSHIP
Alberta Tinsley- Williams	I		Wayne County Residents	Y	A,C,E	Y	E,T,A,O,C
Clinton, Eaton, Ingham, Shiawassee Coalition	E,A	s,c	General Public	N	A,B,I	Y	E,T,M,C
Kenneth Warner	Ï			Y	À,E,H	¥	E,A
Wayne County Health Department	Ē,H,S	н,с	Wayne County Residents	Y	A,C,I	X	T,H,C
Western Michigan Associated Health Depa	E,H,C	н,с	Residents of six Counties	' Y	B,D,I	Y	T,H,C

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE
A = Advocacy E = Public Education H = Health Care I = Individual M = Member Services PE = Professional Education S = Social Service Provider U = Collective Bergaining Unit	C - Community Network H - Health Care S - Schools W - Worksites	A = Policy Advocacy Y = Yes B = School-based Prevention N = No C = Community-based Prevention D = Cessation Services E = Professional Education F = Mass Media Campaigns G = Clearinghouse Services H = Consultation I = Public Education (including printed material)

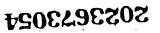
RATIONALE FOR MEMBERSHIP/CONTRIBUTION

A = Policy Advocacy Skills/Contacts C = Access to Channels

E - Tobacco Expertise

M = Large Membership or Network
O = Community Organizing Skills

T - Access to Target Groups



Upper Peninsula Tobacco-Free Coalition

The U.P. Tobacco-Free Coalition (UPTFC) unites tobacco reduction efforts across the 15-county intervention region, which has a population base of 310,000. Most of the current members belong to one of 3 county-wide coalitions which have been organized with the assistance of MITOP grants. These are the Marquette County Tobacco Or Health Community Coalition, the Alger County Coalition Against Tobacco, and the Chippewa County Anti-Tobacco Coalition.

UPTFC membership includes 22 organizations and eight individuals. The membership is comprised of 10 health care agencies, including Marquette General Hospital and the Family Practice Center. Two voluntary health associations are members: the ALA and the ACS (staff representing the ACS's 15 U.P. units). Social service agencies, such as Alger County Substance Abuse Services and Employee Assistance Service, are involved, as are two youth groups, the Girl Scouts and the Alger Intermediate School District. The Inter-Tribal Council, a Native American organization, is also a member of the coalition. Media representatives are Action Shopper News and WNMU-TV from Marquette. The coalition also includes eight individual members who are community leaders, health professionals, or concerned citizens. In addition, all U.P. local health departments are members of the coalition.

Smoking cessation services are provided by ten of the member agencies. Smoking prevention activities in schools and other community settings are provided by 15 member organizations. Legislative and policy advocacy are prominent activities of five members. Public or professional education regarding the dangers and problems of tobacco use are important activities of 18 members. Most of the 30 UPTFC members provide health, social or other services to potential target groups.

Members support the coalition with volunteer and agency staff time, assisting with access to target populations or channels, and contributing resources such as postage, mailing lists, printed materials, or media access (air time or space in publications).

As mentioned previously, three community coalitions are currently functioning in the U.P.. The Marquette County Tobacco or Health Community Coalition, organized in 1987, is the oldest and most active of these county-wide coalitions. It is staffed and coordinated by the Marquette County Health Department, which will also be responsible for staffing and coordination of UPTFC under the ASSIST project. Much of the work is accomplished through ad hoc project committees, with the overall coalition meeting on a more infrequent basis.

Several of the Marquette Coalition projects have gained national recognition. See Section IV. for a detailed description of the activities of this coalition.

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Other U.P. anti-tobacco coalitions contributing members to UPTFC are located in Chippewa and Alger Counties. Although these coalitions are neither as large nor as active as the Marquette coalition, they have initiated a number of important activities, also described in Section IV.

Coalition members in Marquette, Alger, and Chippewa Counties are interested in joining forces with others across the U.P. to strengthen their efforts and gain access to new resources. The overall objectives of UPTFC are similar to those of Marquette and other local U.P. coalitions:

Develop school-based and other youth-oriented strategies to prevent initiation of tobacco use;

Establish public education and information campaigns to discourage initiation of tobacco use and to encourage and motivate those who use tobacco to quit; and

Develop public and private regulatory or policy measures that help to establish a new environment that supports non-tobacco use as the community norm.

In addition to already-established community coalitions in Marquette, Alger, and Chippewa Counties, it is expected that other local coalitions will be formed in the U.P. in the future. In the past, staff from the Marquette County Health Department have worked with three western U.P. health departments to help them organize coalitions in the communities they serve. While not fully active, these groups have organized small anti-tobacco projects.

UPTFC, with its large geographic area and a membership that includes several community-based coalitions, presents unique challenges and opportunities for tobacco reduction activities. However, the Marquette County Tobacco Or Health Community Coalition serves as a good and tested model for this effort. According to Marquette's coalition coordinator, "The organizational structure of the coalition resembles a 'segmented polycebalous' network. It parallels a badly knotted fishnet with a multitude of cells of varying size, each linked together directly or indirectly. The coalition members make up the net. The health department acts as a fisherman, finding the best spots to fish (reduce tobacco consumption), locating holes in the net that need to be replaced (new or rejuvenated members) and the

catch is the accomplishment of community-wide non-tobacco use programs."

Data regarding the organizational capacity and characteristics of each of the UPTFC members are summarized in the following chart. Appendix H contains selected letters of commitment from members and a complete list of letters that are on file, and which can be made available on request.

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UPPER PENINSULA COALITION MEMBER ORGANIZATION DESCRIPTIONS

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RATIONALE FOR MEMBERSHIP
Family Practice Health Center	н, Е	Н	General Public	Y	D,H, I	Y	E,T
George Hager (Teacher)	E	s	Youth	N	в, і	¥	T,E
Action Shopper News	E	C	General Public	X	F	Y	T,M,O,C
Janice Samar	r			Υ .	A .	Y	A
Eastern Upper Peninsula Substance Abuse Servi		с,н	Licensed Substance Abuse Agencies	Y	A	Y	A,C

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTION
A - Advocacy E - Public Education H - Health Care I - Individual M - Member Services PE - Professional Education S - Social Service Provider	C = Community Network H = Health Care S = Schools W = Worksites	A = Policy Advocacy Y = Yes B = School-based Prevention N = No C = Community-based Prevention D = Cassation Services E = Professional Education F = Mass Media Campaigns G = Clearinghouse Services	A = Policy Advocacy Skills/Contacts C = Access to Channels E = Tobacco Expertise M = Large Membership or Network O = Community Organizing Skills T = Access to Target Groups
U = Collective Bargaining		H = Consultation I = Public Education (including printed material)	129

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPLAIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RALIONALE FOR MEMBERSHIP
Marquette General Hospital	н	н,с	General Public	Y :	D,H,I	Y	т,м, с
Diane Curry-Flynn (Hygienist)		н	General Public	Y	в, І	Y	T,C
Nancy Quarna-Varl	E ine	S,W,H,C	Youth	Y	B,C,D,I	y	E /
Suzanne Gephart, R.N.	E	s,c	Youth	Y	B,D,A	Y	Ť
American Lung Association	E	W,C	General Public	Y	A,B,C,D,F,G,I	X	B, H, A, O, C
Upper Peninsula Sports Medi & Therapy C		н	General Public	N	в,н	X	T
Cooperative Extension Service	E,S	c,s	Youth and Voluntary	Y	I	Y	т,н,о,с

PURPOSE	<u>CHANNELS</u>	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTION
A - Advocacy	C = Community Network	A - Policy Advocacy Y - Ye	A - Policy Advocacy Skills/Contacts
E - Public Education	H = Health Care	B = School-based Prevention N = No	C - Access to Channels
H - Health Care	S = Schools	C = Community-based Prevention	E = Tobacco Expertise
I - Individual	W = Worksites	D = Cossetion Services	M = Large Membership or Network
H - Member Services		E - Professional Education	O = Community Organizing Skills
PE - Professional Education		F = Mass Media Campaigns	T - Access to Target Groups
S - Social Service Provider		G - Clearinghouse Services	
U - Collective Bargeining		H - Consultation	120
lint t		I = Public Education (including printed material	130

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	Ro. IONALE FOR MEMBERSHIP
American Cancer Society	E,A	S,W,H _. C	General Public	Ä	C,D,F,G,I	¥	E,A,O,C
Alger Intermediat School Dist		s	Youth	Y	В	Y :	т,м
WNMU TV	E	s,c	General Public	Y	F	N	т,н,о,с
Jeanne Baumann, (R.N.)	I	н,с		Y	D,H,I	Y	E
Inter- Tribal Council	A,S	c	American Indians	Y ,	Н	Y	T
Chippewa County Health Department	E,H	s,w,H,C	Low-income & General Population	Y	B,C,D,H,I	Y	E,T,H,O,C
Sharilyn Vorhees	I	nn		N	c :	N	A

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE		RATIONALE FOR MEMBERSHIP/CONTRIBUTION	<u>M</u>
A - Advocacy E - Public Education H - Health Care I - Individual M - Hember Services PE - Professional Education S - Social Service Provider U - Collective Bargaining	C - Community Network H - Health Care S - Schools W - Worksites	B = School-based Prevention N C = Community-based Prevention D = Cessation Services E = Professional Education F = Mess Media Compaigns G = Clearinghouse Services H = Consultation	- Yes - No	A - Policy Advocacy Skills/Contacts C - Access to Channels E - Tobacco Expertise M - Large Membership or Network O - Community Organizing Skills T - Access to Terget Groups	131
Unit		I = Public Education (including printed mat	erial)	:	131

NAM Alger	E PURPOSE E,H,S	CHANNEL C,H,	MEMBERSHIP/ CONSTITUENCY General	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE H, I	PRIOR EXPERIENCE W/ HEALTH DEPT.	RALIONALE FOR MEMBERSHIP
County Substa		9,,	Public	·		•	1,0
Munisi Memori Hospit	al	н,с	General Public	. Y	D,H,I	¥	E,M,O,C
Marque County Health Depart		H,C,S,W	Low-income & General Public	Y	A,B,C,D,H,I	Y	E,T,M,A
Luce- Mackin Alger- School Health Depart	craft	H,Ç,Ş,W	Low-income & General Public	Y	B,C,D,H,I	Y	E,T,M,O,C
Dickin Iron Health Depart		H,C,S,W	Low-income & General Public	Y	в,с,н,і	Y	т,н.о,с

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEDBERSHIP/CONTRIBUTION
A - Advocacy E - Public Education H - Health Care I - Individual H - Hember Services PE - Professional Education S - Social Service Provider U - Collective Bergaining	C = Community Network B = Health Care S = Schools W = Horksites	A = Policy Advocacy Y = Yes B = School-based Prevention N = No C = Community-based Prevention D = Cessation Services E = Professional Education F = Hass Media Campaigns G = Clearinghouse Services H = Consultation	A - Policy Advocacy Skills/Contacts C - Access to Channels E - Tobacco Expertise M - Large Membership or Network O - Community Organizing Skills T - Access to Target Groups
Unit		I - Public Education (including printed material)	132

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER E. BRIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	FOR MEMBERSHIP
Western Upper Peninsula Health Department	Е,Н	H,C,S,W	Low-income General Public	& Y	В,С,Н,І	Y	т,н,о,с
Delta- Menominee, District Health Department	н	S,W,H,C	Low-income General Public	& Y	В,С,Н,І	Y	T,M,O,C
Substance Abuse Service Sault Ste. Marie Publice Schools		s,н,с	Adolescents	Y Y	в,с,н,і	Y	B,T,M,C
Girl Scouts	н	C	Female Yout	h Y	H	Y	T,H,O
Mary Schwiderson (School Nurse)	н, Е	<u>s</u>	Youth	Y	в,н	X	т,н
Employee Assistance Service	S,A	W,C	Employees	Y	Ħ	¥	т,и `-
PURPOSE		CHANNELS		TOBACCO RELATED EXPERIENCE		BATIONALE FOR MEMBERSHIP	CONTRIBUTION
A - Advocacy E - Public Educ H - Health Care I - Individual H - Member Serv PE - Professions S - Social Serv	rices al Education rice Provider	C = Commun H = Health S = School W = Worksi	.4	A = Policy Advocacy B = School-based Prevention C = Community-based Prevention D = Cessation Services E = Professional Education F = Mass Media Compaigns G = Clearinghouse Services	Y — Yes N — Ho	A = Policy Advocacy Skill C = Access to Chemnels E = Tobacco Expertise H = Large Hembership or N O = Community Organizing T = Access to Target Grou	etwork Skills
U = Collective Unit				<pre>H = Consultation I = Public Education (including)</pre>	g printed material)		133

Smoke-Free Air for Everyone (Kent County Coalition)

Smoke-Free Air for Everyone (SAFE) is the coalition which covers the Kent County intensive intervention region. It has a population base of 485,000 which includes the City of Grand Rapids and surrounding communities. SAFE was initially organized in January, 1989, under the leadership of the Kent County Health Department, with funding from a MITOP anti-tobacco coalition grant. SAFE is currently comprised of 21 members, including a core group of about 15 highly committed individuals and organizations.

SAFE members include: two area schools, the county 4-H group, and a representative of the juvenile court, all of which are excellent resources to help reach the youth target group. In addition, a representative of the Greater Grand Rapids PTA provides access to a network of concerned parents regarding youth and tobacco issues.

The Council of Neighborhood Organizations, a forum for planned city-wide activities which involves 27 neighborhood associations, is also a SAFE member. Other members include Listen, a substance abuse service which provides educational programs to children on the harmful effects of tobacco, and the Women's Service Network, which offers substance abuse prevention and education to women. A media representative also assists the coalition in its public awareness/publicity efforts.

The ACS local unit is involved in the coalition, offering assistance with projects such as smoking cessation and networking with volunteers. The local office of the ALA provides legislative lobbying connections and leadership for the coalition, while two attorneys provide personal commitment and legal advice. The Alliance for Health, a health planning and watchdog agency, is also a SAFE member.

A number of additional members participate in youth tobacco projects including: Advisory Center for Teens, which provides youth counseling; Blodgett Services, which coordinates foster care, adoptions, and programs for pregnant teens; Camp Fire, Inc., co-ed youth educational services; Community Coordinated Child Care, a network of licensed child care centers; Junior Achievement, which prepares teens for employment; and Kent County Intermediate School District, a major link to the county educational system.

The SAFE Coalition is co-chaired by the Executive Director of Women's Service Network, and the Regional Director of the ALA. A steering committee, comprised of the co-chairs and a core of committed members, generally charts the course for SAFE, suggesting potential activities for the group to review. Ad hoc

work groups are responsible for specific projects. These groups report back to the entire membership during monthly meetings.

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The original focus of the coalition was to prevent or reduce youth addiction to tobacco. This focus has evolved into a broader mission of reducing the use of tobacco through both educational and policy formation interventions. Current SAFE objectives include:

Promote enforcement and compliance with the Clean Indoor Air Act and other tobacco control laws;

Draft a local tobacco control ordinance relative to clean indoor air, and plan its implementation;

Support statewide legislative efforts to work toward a tobacco-free Michigan in the year 2000.

The SAFE Coalition has undertaken diverse projects. Details of these activities can be found in Section IV.

Furthermore, the coalition has received a supplemental grant from MITOP to publish a state-wide "Michigan Tobacco Reduction Coalition Newsletter." This resource has proven to be an excellent means of promoting networking and information sharing among anti-tobacco coalition coordinators and members across Michigan. Its mailing list has been expanded to include all local health departments, voluntary agencies, and other interested agencies and individuals. Over 350 copies are currently being circulated with each mailing. (See Appendix I for a sample of the newsletter.)

Data regarding the organizational capacity and characteristics of SAFE members are summarized in the following chart. Appendix H contains selected letters of commitment from members and a complete list of letters that are on file, which can be made available on request.

KENT COUN.. COALITION MEMBER ORGANIZATION DESCRIPTIONS

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RATIONALE FOR MEMBERSHIP
Alliance for Health	A	С	Volunteers	Y	A,C,I	Y	M,C
Amer. Lung Association	E	C,S,W	Volunteers	Y	A,B,C,D,F,G,H,I	, Ž	E,H,A,O,C
Catholic Central High School	E	s	Youth	Y	в,н, I	Y	S,T,M,C
Council of Neighborhood Organization		С	Neighborhood Organizations	Y		Y	т,м,о
Grand Rapids Public Schools	E	S	Youth	Y	В, І		T,H,O,C

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTION
A - Advocacy E - Public Education H - Health Care I - Individual M - Member Services PE - Professional Education S - Social Service Provider	C = Community Network H = Health Care S = Schools W = Worksites	A - Policy Advocacy Y - Y B - School-based Prevention N - N C - Community-based Prevention D - Cessation Services E - Professional Education F - Mass Media Campaigns G - Clearinghouse Services	
U - Collective Bargaining Unit		H = Consultation I = Public Education (including printed material	136

NAME	PURPOSE	CHANNEL	OT MEMBERSHIP/ CONSTITUENCY	THER E. BRIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	FOR MEMBERSHIP
Grand Rapids P.T.A.	A	s	5000 Parents, Teachers, and Administrators	Y	А,В,Н	Y	A,H,O,C
Coopera- tive Extension	E,S	Ċ	Youth 6-19 Yrs. and Volunteers	¥	С,Н,І	Y	Т,Н,О,С
Kent County Health Department	E,H,S	н,с	General Public and Low-income		A,B,C,D,H,I	Y	E,T,M,O,C
American Cancer Society	E	C,S,W	Volunteers	Y	B,C,D,F,H,I	Y	E,H,A,O,C
Listen	E	s,c	4-12th Graders	¥	В,І	N	E,T,C
Women's Service Network (Substance	S,E Abuse Prev	C ention)	Women	Y	C,H,I	¥	B,T
Gail Horn (Probation Officer)	I	c		Y		N .	т,о

PURPOSE	CHANNELS
A - Advocacy	C = Community Network
E - Public Education	H = Health Care
H - Health Care	S = Schools
I - Individual	W = Worksites
M - Member Services	
PE - Professional Education	
S - Social Service Provider	
U - Collective Bergaining	

Ľ)B/	ACCO RELATED EXPERIENCE			
٨	_	Policy Advocacy	Y	-	Yes
8	-	School-based Prevention	N	-	No
C	-	Community-based Prevention			
D	-	Cessation Services			
E	-	Professional Education			
F	-	Mass Media Campaigns			
G	-	Clearinghouse Services			
Ħ	-	Consultation			
I	-	Public Education (including printe	d ma	ter	iel)

RATIONALE FOR MEMBERSHIP/CONTRIBUTION

A - Policy Advocacy Skills/Contacts C - Access to Channels E - Tobacco Expertise H - Large Membership or Network O - Community Organizing Skills I - Access to Target Groups

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Unit

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EX_RIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	FOR MEMBERSHIP
Deb Cleveland- Nowakowski, (R.N.)	I	н		Y :	D,H	Y	E
Don Pebley (Lawyer)	I	***		Y		Υ Υ	A,O
Rob Sanford (Radio)	1	C	General Public	N	c	N	T,M,O,C
Advance Center for Teens	A,S	c,s	Teenagers	Y	С,Н	.	T,X
Blodgett Services	s	C	General Public	Y	H	¥	т,о
Camp Fire, Inc.	λ,s	c,s	Youth	Ä	H	Y	T,0,C
Community Coordinated Child Care	A	С	Licensed Child Care Providers	Y	A	Y	.
Junior Achievement	м	C,W	Teenagers	Y	H	Y	T

PURPOSE	CRANNELS	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTION
A - Advocacy E - Public Education H - Health Care I - Individual M - Member Services PE - Professional Education S - Social Service Provider	C = Community Network B = Health Care S = Schools W = Worksites	A - Policy Advocacy Y - Yes B - School-based Prevention N - No C - Community-based Prevention D - Cassation Services E - Professional Education F - Mass Media Cempaigns G - Clearinghouse Services	A = Policy Advocacy Skills/Contacts C = Access to Channels E = Tobacco Expertise M = Lerge Membership or Network O = Community Organizing Skills T = Access to Target Groups
U = Collective Bargaining		<pre>H = Consultation I = Public Education (including printed material)</pre>	138
Unit		1 - Public Education (Including princed meterial)	

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.ATIONALE PRIOR OTHER L. ERIENCE EXPERIENCE W/ FOR WITH PUBLIC TOBACCO-RELATED MEMBERSHIP/ HEALTH DEPT. MEMBERSHIP ISSUES **EXPERIENCE** CHANNEL CONSTITUENCY NAME **PURPOSE** Y T, M B, I Y E S Youth Kent Intermediate School District

PURPOSE

A = Advocacy

- Public Education

- Health Care

I - Individual

M - Member Services

PE - Professional Education

S - Social Service Provider

U - Collective Bargaining

Unit

CRANNELS

C = Community Network

H - Health Cere

S - Schools

W - Worksites

TOBACCO RELATED EXPERIENCE

A - Policy Advocacy

B = School-based Prevention

C = Community-based Prevention

D = Cossetion Services

E - Professional Education

F - Mass Media Campaigns G = Clearinghouse Services

H - Consultation

I - Public Education (including printed material)

Y - Yes

RATIONALE FOR MEMBERSHIP/CONTRIBUTION

A - Policy Advocacy Skills/Contacts

C - Access to Channels

E - Tobecco Expertise

M - Large Membership or Network

0 - Community Organizing Skills

T - Access to Terget Groups

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Smoke-Free Multi-Agency Resource Team (Genesee County Coalition)

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The Smoke-Free Multi-Agency Resource Team, (SMART) covers the Genesee County intensive intervention region which includes the city of Flint and its surrounding communities. The total population base of the county is about 430,000. Supported by a MITOP grant, the SMART Coalition was organized in 1987 and presently includes 21 members. The coalition is staffed and coordinated by the Genesee County Health Department.

Members of SMART were invited to participate in the coalition based upon their organization's involvement with target populations, expertise in a particular tobacco-related area, or support for a smoke-free environment. The coalition members participate in one of the following subcommittees: Information Sources for Teens, Worksite, Pregnancy Information, and Prevention. The entire coalition meets quarterly and the subcommittees convene each month, or as needed. Subcommittee meetings are held at member agencies on a rotating basis.

The 21 members of the SMART Coalition include representatives from: the local offices of the major voluntary health organizations (ACS, AHA, ALA); seven health care organizations, such as Hurley Medical Center and Flint Osteopathic Hospital; three social service organizations, including Community Coordinated Child Care; three school systems; one youth group (Fair Winds Girl Scout Council); one business (Citizens Bank); and three concerned citizens.

Smoking cessation services are provided by seven of the member agencies. Seven organizations also provide school- and/or community-based prevention activities. Legislative and policy advocacy are prominent activities of four members. Public or professional education regarding tobacco use are important activities of 12 member organizations.

The members support the coalition by contributing meeting space, supplies, and volunteer and agency staff time, and providing access to target groups. In addition, SMART has established positive working relationships with a number of other agencies, community groups, and individuals.

SMART's overall objectives include:

Encourage adoption of smoke-free policies in worksites, hospitals, child care providers and restaurants;

Encourage increased nonsmoking areas in restaurants; and

Encourage adoption of smoke-free policies in the schools.

The SMART Coalition endeavors to promote the social norm of not smoking through technical assistance and policy development, initiation and or support of legislation and ordinances controlling the sale and distribution of tobacco products, and providing community resources to individuals and organizations in Genesee County.

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With the above objectives in mind, the SMART Coalition is planning the following projects for 1990-1992: publicizing and awarding restaurants, businesses, hospitals and child care providers that establish smoke-free policies; referring restaurants not in compliance with current state law regarding smoking in restaurants to the local health department for enforcement; sponsoring policy writing workshops for employers; and providing information and guidance to schools on developing smoke-free policies.

Details of the SMART Coalition's past activities can be found in Section IV.

Data regarding the organizational capacity and characteristics of SMART members are summarized in the following chart. Appendix H contains selected letters of commitment from members and a complete list of letters that are on file, and which can be made available on request.

GENESEE CO\ / COALITION MEMBER DESCRIPTION

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RATIONALE FOR MEMBERSHIP
American Heart Association	E	Ç,S,W	Volunteers	Y :	B,C,G,I	Y	в,н,о,с
Hurl ey Medical Center	н	H,C,W	Low-income Minorities	Y	I,H,D	¥	B,C,T,H
American Cancer Society	Ë .	Ç,S,W	Volunteers	Y	B,C,D,F,H,I	Y	B,H,A,O,C
Blue Care Network	н, н	н	Those Insured	Y	D,H,I,E	N	E,T,H
Genesee County Health Department	H,E,	H,S,C,W	Low-Income Minorities	Y	B,C,D,H,I,A	Y	E,T,O,C
American Lung Association	В	C,S,W	Volunteers	Y	A,B,C,D,G,I,F	Y	В, М, А, О, С
Mott Children's Health Cent	H er	н	Youth	Y	Н,І,	¥	т,о,с _

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE		RATIONALE FOR MEMBERSHIP/CONTRIBUTION	7
A - Advocacy E - Public Education B - Health Care I - Individual M - Member Services PE - Professional Education S - Social Service Provider	C - Community Network H - Realth Care S - Schools W - Worksites	A = Policy Advocacy Y = B = School-based Prevention N = C = Community-based Prevention D = Cessation Services E = Professional Education F = Mass Media Campaigns G = Clearinghouse Services	Yes Ro	A = Policy Advocacy Skills/Contacts C = Access to Channels E = Tobacco Expertise M = Large Hembership or Network O = Community Organizing Skills T = Access to Target Groups	
U - Collective Bargaining		H = Consultation			142
Unit		I = Public Education (including printed mater	iel)		

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER E. RIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	FOR MEMBERSHIP
University of Michigan, Flint	E, PE	s,e	Youth	Y	I	Y	E,H,A,O,C
McLaren General Hospital	н	н, W , С	General Public	Y	D,H,I	Y	E,T,O,C
Citizens Bank	н	e	General Public	Y	mm	N	H (
Community Coordinated Child Care	H	С	Child Care Providers	Y		¥	T,H
Flint Public Schools	B	s	Youth	; X	В, І	Y	T,H,C
Osteopath Hospital	н	н,С	General Public	Y	D,H,I		B,T,H,C
Genesee County Intermediat School Dist		S	Youth	Y	В, Н	Y	T,H,C

<u>PURPOSE</u>	CHANNELS	TOBACCO RELATED EXPERIENCE		RATIONALE FOR MEMBERSHIP/CONTRIBUT	TOM
A - Advocacy E - Public Education H - Health Care I - Individual M - Member Services PE - Professional Education S - Social Service Provider U - Collective Bargaining Unit	C = Community Network H = Health Care S = Schools W = Worksites	W - TOTTO, Marsers,	Yes No	A - Policy Advocacy Skills/Contact C - Access to Chemnels E - Tobecco Expertise H - Large Membership or Network O - Community Organizing Skills T - Access to Target Groups	143

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	NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	rationale for membership
	Girl Scouts	M,s	s,c	Young Girls	Y ,	С,Н	Y	т,н,о
	Spanish Speaking Information	A,S	С	Spanish	Y	H	· Y	T, 0
	St. Joseph Hospital	н	H,W,C	General Public	Y	C,D,H,I	Y	E,T,H,C
	Francis Rosica, Environmenta	I alist			Y		Y	0
	Jan Thurkow, R.N.	н	Н	Gen era l Public	Y	н, I	Y	B,0
"	Jane Avereyn, R.N.	H,C	н,с	General Public	X	C,D,F	Y	T,H,A
	J. Edward Chase, Ph.D	an ma	I	 :	Y	D,H	N	λ .

PURPOSE	<u>Channels</u>	TOBACCO RELATED EXPERIENCE	RATIONALS FOR MEMBERSHIP/CONTRIBUTION	
A = Advocacy E = Public Education H = Health Care I = Individual M = Member Services PE = Professional Education S = Social Service Provider	C = Community Network R = Health Care S = Schools W = Worksites	A = Policy Advocacy Y = Yes B = School-based Prevention N = No C = Community-based Prevention D = Cessation Services E = Professional Education F = Mass Media Campaigns G = Clearinghouse Services	A = Policy Advocacy Skills/Contacts C = Access to Channels E = Tobacco Expertise M = Large Hembership or Network O = Community Organizing Skills T = Access to Target Groups	
U = Collective Bargaining Unit		H = Consultation I = Public Education (including printed material)	14	44

Detroit Tobacco-Free Coalition (DTFC)

This coalition is being organized specifically for the ASSIST Project and will cover the Detroit intensive intervention region, which has a population of nearly one million within city limits. The City of Detroit Health Department will be the subcontracting agency responsible for providing leadership and coordination to the coalition, in cooperation with the local Wayne County unit of ACS.

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Due to the demographics of the city of Detroit, this coalition will be in an ideal position to have an impact on many of the ASSIST project target groups, including women, children, minorities, unemployed, and blue collar workers. Furthermore, community awareness of the need to reduce tobacco use and tobacco industry targeting of minorities groups has been raised by local efforts such as CABAAT (see Section II.E.). These factors suggest that a Detroit coalition is needed and has the potential to be successful in reducing tobacco use in the community.

Numerous agencies, organizations, and individuals were contacted regarding the establishment of a Detroit tobacco control coalition. To date, 27 letters of commitment have been received from organizations indicating an interest in participating in the coalition effort.

In addition to the City of Detroit Health Department, prospective members include: the local unit of the ACS; New Detroit, Inc., an important community planning organization; six health care organizations, including the Visiting Nurses Association and Blue Cross/Blue Shield of Michigan; three health professional associations (Detroit Medical Society, Wayne County Medical Society, Wayne County Osteopathic Society); four minority organizations, including the NAACP, the Detroit Urban League, and the Detroit American Indian Center; nine social service providers, including the Catholic Youth Organization, the City of Detroit Neighborhood Services Department, and United Community Services of Metropolitan Detroit; the Detroit Public Schools; Wayne State University School of Medicine; two substance abuse agencies (Crackwise Organization and SHAR House); and one state representative from Detroit.

Smoking cessation services are provided by three of the member agencies. Smoking prevention activities in schools and other community settings are provided by ten member organizations. Legislative and policy advocacy are prominent activities of five members. Public or professional education regarding the dangers and problems of tobacco use are important activities of 11 members. Most of the potential coalition members provide health or social services to potential target groups.

The DTFC will be modeled after other successful Michigan coalitions. Moreover, it should be noted that several organizations and individuals from Detroit have been actively involved in the Tobacco-Free Michigan Action Coalition and will probably choose also to become members of the Detroit coalition.

};

Data regarding the organizational capacity and characteristics of each of the prospective DTFC members are summarized in the following chart. Appendix H contains selected letters of commitment from members and a complete list of letters that are on file, and which can be made available on request.

CITY OF DETROIT PROSPECTIVE COALITION MEMBER DESCRIPTIONS

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EXPERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	RATIONALE FOR MEMBERSHIP
Urban League	A,H	C	500 and Voluntary	Y	C	Y	T,H,A,O
Crackwise	E	С	General Public	Y	C,I	Y	T,0
Detroit Medical Society	PE	н, с	300	: Y	E,A,C	Y	E,T,A,C
Blue Cross Blue Shield	M	н	Those Insured	Y	A	Y	М,А, С
Wayne County Medical Society	PE,M	H	4,000	Y	C,E,A	and Y	E,H,A,C
SHAR House (Rehab.)	Н,	н,с	Drug Addicts	¥	A, <u>H</u>	Y	T

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTION	
A = Advocacy E = Public Education H = Health Care I = Individual M = Member Services PE = Professional Education S = Social Service Provider	<pre>C = Community Network B = Health Care S = Schools W = Worksites</pre>	A - Policy Advocacy B - School-based Prevention C - Community-based Prevention D - Cessation Services E - Professional Education F - Mass Media Cempaigns G - Clearinghouse Services	A = Policy Advocacy Skills/Contacts C = Access to Channels E = Tobacco Expertise M = Large Membership or Wetwork O = Community Organizing Skills T = Access to Target Groups	
U = Collective Bergsining Unit		<pre>H = Consultation I = Public Education (including printed material)</pre>	į,	47

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Unit

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER L GRIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	.fionale for membership
American Institute of Preventi Medicine	E,PE	н,с	Medical Care Providers	Y , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	C,D,E,I	Y	B,M,C
Neighbor- hood Servic Department	S,A Ce	C	Low-income Residents in Detroit	Y	C	Y	Т,М,О
Greater Detroit Health Council	C	н,с,	120 Member Organization	Y		¥	н,с
United Community Services	E,A	s,A	Human service Organization	Y	C	X 	0,1
American Indian Health Cent	H,A cer	Н	American Indians	Ä	н, і	4	T
American Indian Services (Substance	A,S Abuse Prev	C,H ention)	Indian Youth	Y	H	Y	T

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTION
A = Advocacy E = Public Education H = Health Care I = Individual M = Hember Services PE = Professional Education S = Social Service Provider	<pre>C = Community Network B = Health Care S = Schools W = Worksites</pre>	A - Policy Advocacy Y - Yes B - School-based Prevention N - No C - Community-based Prevention D - Cessation Services E - Professional Education F - Mass Media Campaigns G - Clearinghouse Services	A = Policy Advocacy Skills/Contects C = Access to Channels E = Tobacco Expertise H = Large Hembership or Network O = Community Organizing Skills T = Access to Target Groups
U ~ Collective Bargaining Unit		<pre>H = Consultation I = Public Education (including printed material)</pre>	148

PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER E. RIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	FOR MEMBERSHIP
E	C,S W	Volunteers	Y	B,C,D,F,H,I	Y	E,H,A,O,C
A	C	600 Voluntee	ers Y	c	Y	C,O,A,H
A	н,с		Y n	 	Y	T,0
E	м		Y n	M,A,C	Y	м, л, о
E,PE	s	Youth, General Public	Y .	B,C,I		н,о
	C	General Public	Y	A	Y	т,н,о,с
н	с,н	Low-Income Minorities	X	B,C,H,I	Y	т,н,о
	<u>Channels</u>		TOBACCO RELATED EXPERIENCE		RATIONALE FOR MEMBERSHIP	CONTRIBUTION
e vices sel Education vice Provider	H = Healt S = School	ch Care Dis Sites	B = School-based Prevention C = Community-based Prevention D = Cassation Services E = Professional Education F = Mass Media Campaigns G = Clearinghouse Services R = Consultation	Y - Yes N - No printed material)	A = Policy Advocacy Skill C = Access to Channels E = Tobacco Expertise H = Large Membership or 1 O = Community Organizing T = Access to Target Grown	Network Skills
	E A A E E,PE I	E C,S W A C A H,C E M E,PE S I C ive H C,H CHANNELS C = Comment E = Realt S = School W = Works retice Provider	PURPOSE CHANNEL CONSTITUENCY E C,S W Volunteers A C 600 Volunteer A H,C Health Care Organization E M Health Care Organization E,PE S Youth, General Public I C General Public ive H C,H Low-Income Minorities C= Community Network B = Realth Care Minorities C= Community Network B = Realth Care S = Schools W = Worksites	MEMBERSHIP/ WITH PUBLIC ISSUES E C,S W Volunteers Y A C 600 Volunteers Y A H,C Health Care Y Organization E M Health Care Y Organization E,PE S Youth, Y General Public I C General Public I C General Y Public Community Network A Policy Advocacy Follows A Public Advocacy Follows A Public Advocacy Follows A Public Advocacy Follows A Public Advocacy Follows F	PURPOSE CHANNEL CONSTITUENCY ISSUES TOBACCO-RELATED EXPERIENCE E C,S W Volunteers Y B,C,D,F,H,I A C 600 Volunteers Y C A H,C Health Care Y Organization E M Health Care Y M,A,C E,PE S Youth, Y B,C,I General Public I C General Y A Public I C General Y A Public I C General Y A Public I C General Y B,C,I COMMRES Y B,C,I COMMISSION	MEMBERSHIP/ PURPOSE CHANNEL CONSTITUENCY ISSUES TOBACCO-RELATED EXPERIENCE W/ E C,S W Volunteers Y B,C,D,F,H,I Y A C 600 Volunteers Y C Y A H,C Health Care Y Y Organization E M Health Care Y M,A,C Y E,PE S Youth, Y B,C,I Y General Public I C General Y A Y FOR General Public I C General Y A Y CHANNELS FOR MINORITIES FOR MINORITIES C COMMUNITY Nature B,C,H,I Y CRANELS FOR MINORITIES B,C,H,I Y C C COMMUNITY B,C,H,I Y C C COMMUNITY B,C,H,I Y C C C C C C C C C C C C C C C C C C

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NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER ERIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	.fionale for membership
Visiting Nurse Association	н	н,с	All Wayne County Residents	Y	Н	Y	т,н
Casa Maria Family Services	E,S,A	e	Youth Ages 6-17	Y	н		
Lula Belle Stewart Center	A,S	Ċ	Pregnant Tee	n s Y	н, I	Y	T,0
Community Outreach Center	s	s,c	Adolescents	Y	¢ .	N	т,о,с
Wayne County Osteopathic Association		н	Osteopaths	Y	E,H	X	H,A
City of Detroit Health Department	H,E,S	H,C,W,S	Low-income Minorities	Y	A,C,D,H,I	Y	T,H,O,C
Detroit Public Schools	S	E	Youth	Y	B, I	. Y	т,н,с
PURPOSE		<u>Channels</u>	1	OBACCO RELATED EXPERIENCE		RATIONALE FOR MEMBERSHIP	CONTRIBUTION
	re L rvices nal Education rvice Provider	C = Commun B = Healtl S = School W = Works:	h Care Bla Clites Dites E	- Policy Advocacy - School-based Prevention - Community-based Prevention - Cessation Services - Professional Education - Mass Media Campaigns - Clearinghouse Services	Y - Yes N - No	A = Policy Advocacy Skill C = Access to Channels E = Tobacco Expertise H = Large Membership or N O = Community Organizing T = Access to Target Grou	etwork Skills
U = Collective Unit	Bargaining			 Consultation Public Education (including 	printed meterial)		150

NAME	PURPOSE	CHANNEL	MEMBERSHIP/ CONSTITUENCY	OTHER EX RIENCE WITH PUBLIC ISSUES	TOBACCO-RELATED EXPERIENCE	PRIOR EXPERIENCE W/ HEALTH DEPT.	IONALE FOR MEMBERSHIP
Catholic Youth Organizatio	A,M	С	Youth	Y	H	Y	т,н
Junior Policy Cade	E,A et	s,c	Youth	Y		Y	T,M
Operation Get Down	A,S	C,W	Black, Low-income	Y .	D,I	¥	T,H,O,C
Detroit District Nurses	A, PE	н,с	Nurses	Y		N	M

PURPOSE	CHANNELS	TOBACCO RELATED EXPERIENCE	RATIONALE FOR MEMBERSHIP/CONTRIBUTION
A = Advocacy E = Public Education H = Health Care I = Individual M = Member Services PE = Professional Education S = Social Service Provider U = Collective Bargaining	C = Community Network B = Health Care S = Schools W = Worksites	A = Policy Advocacy Y = Yes B = School-based Prevention N = No C = Community-based Prevention D = Cessation Services E = Professional Education F = Mass Media Campaigns G = Clearinghouse Services H = Consultation I = Public Education (including printed material)	A = Policy Advocacy Skills/Contacts C = Access to Channels E = Tobacco Expertise M = Large Hembership or Network O = Community Organizing Skills T = Access to Target Groups
Unit		= 100000 Summaring Princes American	

Association

- B. Discuss the organizational capacity of each member group.
 - 1. The organization, its goals and purposes.
 - 2. Its membership and constituency.
 - 3. A detailed account of all major smoking related experience.

<u>.</u>):

- 4. Experience with similar public health or public interest issues.
- 5. Rationale for coalition membership.

••

6. Proposed contribution (in-kind and direct support)

Data regarding the specific organizational capacities of each of the 53 members of the state-wide coalition and 103 members of the four regional coalitions are summarized on the charts in Section VI.A. (above).

VII. HEALTH DEPARTMENT QUALIFICATION

Discuss the experience and capabilities of the health department relevant to the leadership and management of this project, including:

A. The fiscal and administrative management of large, complex projects.

The Michigan Department of Public Health has 2,084 employees and a Fiscal Year 1991 budget of \$440.8 million. The Office of Budget and Finance has 34 positions and is responsible for fiscal management of 35 federal grants, cooperative agreements and contracts, totaling \$224.8 million for Fiscal Year 1991. The Department in turn is responsible for administering contracts through which it distributes state and federal funds to 48 local health departments and numerous other agencies.

The Department has abundant experience in administering large and complex projects in a wide variety of areas. For example, in the area of environmental health, the Radiological Health Division of the Department has been assigned by federal law the responsibility for coordinating the search for and development of a low revel nuclear waste site for the seven-state Midwest Low Level Radioactive Waste Compact. In the area of maternal and child nutrition, the Special Supplemental Feeding Program for Women Infants and Children (WIC) requires promotion, advertising and outreach to nearly 200,000 participants. Consultation and monitoring are provided to ensure that appropriate nutritional counseling and services are provided to WIC participants. Program and financial audits are also conducted to assure that The Department administers federal regulations are followed. more than 53 contracts with local health departments, community agencies, Native American tribes, and migrant agencies, covering 1,800 vendor participants.

Within the Center for Health Promotion's Division of Research and Development, the \$2.9 million Worksite Wellness program is an excellent example of the fiscal and administrative management of a large, complex program. The Worksite Wellness program is a grant program designed to stimulate small businesses to establish health promotion/risk reduction programs. Development of the program involved establishing eight Regional Technical Assistance Centers, developing standards for a variety of worksite wellness programs, establishing a list of more than 270 approved vendors of services and programs, developing a system for fiscal and program audits, and finally, establishing selection criteria and awarding grants to more than 1,300 small businesses during the first two years of the program. (See Appendix G)

The Program Development Section of the Division of Research and Development, in which MITOP is located, has considerable

experience with the administration of large, complex projects. For example, the Section has been responsible for the development of a unique population-based approach to preventing complications among persons with diabetes. The Upper Peninsula Diabetes Outreach Network (UPDON) was organized to identify persons with diabetes who have specific high risk characteristics, and to enroll them into an assessment and follow-up program that emphasizes preventive health care and long-term monitoring of health status. UPDON covers all 15 U.P. counties and involves the participation of all local health departments, 21 local hospitals, six proprietary home care agencies, and two Indian health care agencies. To date, the program has served 1,723 persons with diabetes, which is approximately 21 percent of the estimated population with diagnosed diabetes in the U.P. See Appendix J for a report describing UPDON in more detail.

Because of the success of this project, a similar outreach network is being organized to serve the population of the city of Flint and the remainder of Genesee County. The applicant believes that the experience obtained from these two projects will prove invaluable in supporting the organization, planning and intervention efforts of the ASSIST project in the intervention regions.

Other large and complex projects for which the Program
Development Section has been responsible include the organization
and staffing of a 50-member Task Force on Minority Health,
consisting of health experts, legislators, business and labor
leaders, and leaders of minority and civil rights organizations.
The project resulted in a report documenting the serious gap in
health status for Michigan's five largest minority groups and
including a set recommendations for closing the gap. Among the
recommendations which have been implemented as a result of the
project was the establishment, by the Governor's Executive Order,
of an Office of Minority Health in the Michigan Department of
Public Health, with a first year budget of nearly \$1 million
dollars for minority health demonstration projects. See Appendix
K for an executive summary of the report.

The Program Development Section also has been responsible for the development of the Department's cancer and tobacco programs. A four-year NCI cancer control technical capacity building grant was combined with state funding to create the Department's cancer prevention and control program, which included efforts to reduce tobacco use. Subsequently, a cooperative agreement from the Centers for Disease Control was obtained to supplement the tobacco-related activities and to establish those efforts as a state-wide program. The development of these programs represents a large and complex task related in many ways to what is required under the ASSIST project.

Under the initial NCI grant, the Michigan Cancer Consortium was formed to act as an advisory and coordinating body to the Department. This group established two major priorities: improving the early detection and treatment of breast cancer, and reducing the use of tobacco. Activities in these two areas have been the highest priority in the development of the Department's cancer program. Other goals include improving the early detection of cervical cancer, and developing a cancer plan for the Department.

As part of the cancer program, a 22-member Breast Cancer Task Force was established, which brings together experts from various specialties and professions involved in the early detection and treatment of breast cancer, e.g., diagnostic and oncologic radiologists, pathologists, surgeons, general oncologists, primary care providers (family practice, internists, obstetricians), nurses, cancer epidemiologists, health educators, and representatives of various health care institutions or agencies (hospitals, HMOs, local public health departments). The Breast Cancer Task Force, supported by the Cancer Program staff, has the following accomplishments:

The Breast Cancer Task Force wrote a 71-page report entitled "Breast Cancer Screening and Detection in Michigan: Recommendations to Reduce Mortality", which was distributed to more than 10,000 primary care physicians. This report was reviewed prior to publication by nearly 200 health professionals and consumers representing all of the relevant professional associations and major health care organizations. report documents the problem of breast cancer mortality in Michigan and includes specific recommendations for breast cancer screening and detection practices for each of the relevant types of health care providers (primary care physicians, radiologists, surgeons and pathologists) as well as for the consumer. document describes the coordinated system of care needed throughout the state if mortality due to breast cancer is to be significantly reduced.

The Task Force, supported by cancer program staff, helped to draft and obtain passage of the 1989 Michigan Breast Cancer Mortality Reduction Act which is based largely on the recommendations contained in the task force report. This new law provides for annual inspections of mammography facilities based on quality assurance standards similar to those used by the American College of Radiology mammography unit certification program, and mandates compliance with radiation exposure and safety standards established by the Department's Radiation Advisory Board. The law also provides for a program of professional and public

education regarding the efficacy and appropriateness of breast cancer screening, including a community grant program intended to improve access to screening mammography for under-served populations.

Additional efforts of the Breast Cancer Task Force include helping to obtain passage of bills which require insurance companies and HMOs in Michigan to offer optional screening mammography coverage on all policies sold in the state. The Task Force and cancer program staff also revised a treatment options brochure which, under state law, must be distributed by physicians to all women diagnosed with breast cancer.

The Breast Cancer Task Force has worked closely with the cancer program staff to develop a planning and evaluation capacity for breast cancer activities. example, a baseline survey of primary care physicians was conducted to determine mammography screening referral practices and other breast cancer screening practices. The survey will be used to plan professional education interventions, and will be compared to subsequent studies to determine changes in physician behavior. Similarly, surveys of women have been undertaken to determine the number who report that their physicians adhere to the Task Force breast cancer screening recommendations. In addition, two population-based mammography utilization surveys have been completed, one in an urban county and one in a three-county rural area. These studies surveyed all women who used mammography facilities in the study areas and included an analysis of the results of the xray examinations.

Finally, the Breast Cancer Task Force has worked with the cancer program staff to develop the portion of the Department cancer plan related to improving early detection, establishing continuing professional and consumer education programs, and maintaining surveillance of breast cancer mortality.

A large number of tasks have been undertaken by the Program Development Section to organize the Michigan Tobacco Program (MITOP) and initiate its activities. These include:

MITOP has developed a community-based anti-tobacco coalition grant program. Small grants are awarded for one or two years to encourage the formation of broadbased community coalitions to reduce the use of tobacco. Five agencies received grants for building coalitions in 1987 and four additional coalitions were added in 1988. Seven of these grantees are currently

active. MITOP staff, in addition to developing the RFAs and the selection criteria and negotiating the agreements, are involved in monitoring performance and providing technical assistance on a wide range of activities including publication of newsletters, development of local media projects, improved enforcement of laws prohibiting tobacco sales to minors, promotion of smoke-free restaurants, and obtaining local ordinances that reduce minors' access to tobacco products.

Responsibility for achieving compliance with Michigan's Clean Indoor Air Act, which previously was loosely spread among several organizational units within the Department, has been consolidated in MITOP. MITOP has assigned 1.5 positions full-time responsibility for seeking compliance with Michigan's basic law, for promoting clean indoor air in places not covered by the law, and generally promoting policies and local ordinances exceeding the state statute. In addition to establishing and implementing enforcement procedures when complaints are referred to the Department, MITOP has initiated a positive program of promoting clean This includes publication and wide indoor air. distribution of attractive brochures describing the requirements of Michigan statutes and providing examples of policies which meet and exceed statutory requirements. The names of citizens with specific concerns about improving the status of clean indoor air have been maintained in a computer data base for possible future policy action.

MITOP provided extensive staff support to groups successfully promoting passage of a set of six bills designed to the improve the clean indoor air act and regulate the advertising and sale of tobacco to minors. Subsequently, MITOP staff organized and supported the broadly-based 45-member 1989 Michigan Tobacco Reduction Task Force. The mission of the Task Force was to analyze the problem of smoking and smokeless tobacco use in Michigan and to develop an agenda for the next ten years which, when implemented, would reduce tobacco use in Michigan by 50 percent. The Task Force, building on the interest aroused by the recently passed tobacco legislation, issued a comprehensive report documenting the ongoing health and economic impacts of tobacco on Michigan residents. The report contains more than 40 specific recommendations for reducing tobacco use in Michigan (See Appendix F). The Tobacco-Free Michigan Action Coalition has been organized to implement the Task Force recommendations (see Section VI.A.).

MITOP also engages in planning, surveillance, and evaluation activities. Local anti-tobacco coalitions are being systematically evaluated by Tobacco Program staff, and the CDC is also providing direct technical assistance to one local coalition to assess the impact of a recently-passed county ordinance regulating the sale of tobacco in vending machines and licensing all retail vendors of tobacco. In addition, an annual Tobacco Report is being prepared which will present the latest statistics on Michigan smoking prevalence taken from the Department's Behavioral Risk Factor Survey The report will highlight data and other sources. prominent legislative issues and accomplishments of local anti-tobacco coalitions and of major voluntary associations involved in anti-tobacco activities. addition, the report will describe MITOP's clean indoor air activities and the overall progress being made to establish smoke-free clean indoor air policies in Michigan.

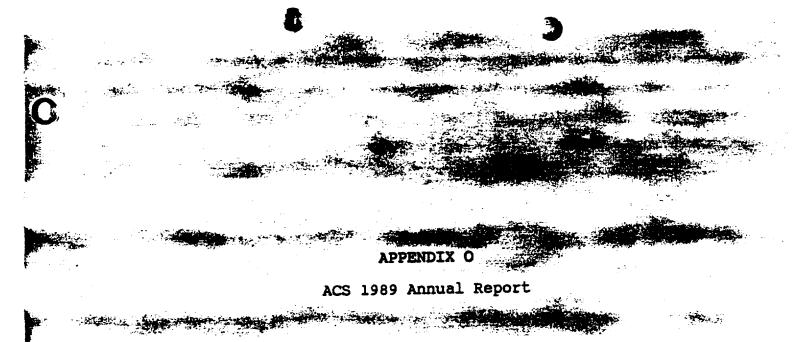
B. The performance of diverse management support functions.

The management support functions of the type required for the ASSIST Project are routinely performed in the Program Development Section, and specifically in MITOP.

Travel arrangements for both staff and advisory committee members or other volunteers are routinely handled. Arrangements may include making hotel and airline reservations, purchasing tickets, and handling paperwork to obtain necessary travel authorizations or reimbursement of expenses for approved in-state and out-of-state travel.

Providing support for meetings is a routine function for the staff of the Program Development Section, including MITOP, because of the many advisory committees, task forces, coalitions, and other groups that are involved in the work of the Department. This function includes: arranging for meeting facilities and meals or refreshments; providing participants with notice of meetings, directions and maps, agendas, and other meeting materials; arranging seating, preparing name tags, and keeping a record of those attending; arranging for audiovisual equipment; and preparing and distributing minutes.

<u>Public information and publicity</u> related to project activities, reports, legislative issues, and program



ANNUAL 1989 REPORT

A YEAR OF PROGRESS

2023673089

AMERICAN CANCER SOCIETY

MICHIGAN DIVISION INC.

Source: https://www.industry.documents.ucsf.edu/docs/xrjl0000

Cover Photo:

The Snockestree Class of Throns a cooperative program between the American Carbot Scotts. American librari Association. The goal of the program is reshove all Michigan lights and the area 2000 be comprised of nor conclude. The scredules ing their researcher throns or developed and concerning their researchers are acceptances.

THE AMERICAN CANCER

SOCIETY IS THE NATIONWIDE

VOLUNTARY HEALTH

ORGANIZATION DEDICATED TO

ELIMINATING CANCER AS A

MAJOR HEALTH PROBLEM BY

PREVENTING CANCER, SAVING

LIVES FROM CANCER, AND

DIMINISHING SUFFERING FROM.

CANCER THROUGH RESEARCH,

EDUCATION AND SERVICE.



2023673091

REPORTING PERIOD: SEPTEMBER 1, 1988 THROUGH: AUGUST 31, 1989

LEADERSHIP

s we complete the final year of the 1980's and head into a new decade, it is fitting to reflect on the many achievements of our past year. It has been a time of action. The pages of this Annual Report offer a view of the highlights. The challenges which face the American Cancer Society today have never been greater as we work to transform our vision of total cancer control into reality.



Robert C. Gunn, Ph.D. Chairman of the Board

Growth and change have helped the American Cancer Society become the largest voluntary health agency in the United States, and made our organization vital and responsive. One

important change in Michigan to help us better meet the challenges of the coming decade was an organizational one, moving from an "Area" to a "Group" concept. Another was the discovery of our influence in the legislative arena. Robert Gunn, Ph.D., Chairman of the Board stated. "It is exciting to see our actions make a difference in the quality of life for the people of Michigan. This past year we spearheaded the passage of five new laws to improve breast cancer screening and care. Strong advocacy by the American Cancer Society will lead to improved cancer diagnosis and treatment, and ensure access to cancer treatment centers. What we have accomplished shows the deep commitment volunteers have to these goals."

Volunteers and staff are the heart and soul of the American Cancer Society. Their inspiration and efforts are essential in developing new ideas and refining current



Lawrence Manning, D.D.S. Division President

programs. "Our job during the next year will be to continue to give people hope," says Division President Lawrence Manning, D.D.S. "Hope through programs that raise dollars; hope



Bill Barram

Executive Vice President

through education that illuminates; hope through service that sustains the human condition; and hope through research that will ultimately save lives and reduce suffering." As caring and concerned citizens of Michigan, our volunteers and staff are committed to aiding and educating our fellow neighbors. Together we reach toward excellence through people and programs, providing a source of confidence, strength and hope to cancer patients and their families. The stage is set for an exciting future as we work together daring to dream of a better world without the threat of cancer.

As volunteers, staff and financial supporters of the American Cancer Society. this Annual Report is dedicated to you and reflects your commitment to saving lives. On behalf of the Division's Board of Directors, we salute you!

RESEARCH GRANTS

ore than one third of the American Cancer Society's national budget supports cancer research.

This year, there was \$7,077,070 of American Cancer Society research grants active in Michigan.

Conducted at Michigan
State University, the
University of Michigan,
Wayne State University, the
Michigan Cancer Foundation, and Henry Ford
Hospital, these dollars
support research in the areas

of cell and developmental biology, immunology and immunotherapy, chemotherapy and hematology, prevention, diagnosis and therapy as well as psychosocial and behavioral research. Cancer research in the '80's has brought us into new areas of study. Through genetic engineering we can correct impaired immune systems and modify heredity by transplanting foreign genes. Certain antibodies can be produced that will

recognize cancer cells and thus detect cancer early.

Also, there is strong evidence that people can be protected from cancer by what they eat or drink or how they live.

One of the highlights in Michigan was the recognition of our researchers at a special luncheon held at the Eleanor & Edsel Ford House in Detroit. Twentyfive individual researchers enjoyed the opportunity to talk with the American Cancer Society volunteers, staff, and each other to share their work.

We've come a long way in our research efforts, and we'll continue to expand those efforts until we see cancer eliminated.

During this past year there were 56 active American Cancer Society Research Grants in Michigan. These grants are awarded by the National American Cancer Society upon application by the researcher and a rigorous

review of each application by a peer group review process. Those institutions where the research is being conducted are:

ACTIVE GRANTS				
INSTITUTION	NUMBER OF GRANTS	TOTAL DOLLARS		
UNIVERSITY				
OF MICHIGAN	32	\$3,765,135.00		
MICHIGAN STATE				
UNIVERSITY	8	\$1,224,750.00		
WAYNE STATE				
UNIVERSITY	9	\$888,485.00		
MICHIGAN CANCER				
FOUNDATION	5	\$910,500.00		
HENRY FORD HOSPI	TAL 2	\$288,200.00		

As of December 31, 1989.

PUBLIC EDUCATION

The Gold PACE Setter

Award... The Michigan

Division was one of only

this prestigious public

eleven divisions to receive

₹ he Michigan Division's dedication to helping people protect themselves against cancer was prominently recognized when Michigan received the National Gold PACE Setter Award. The Michigan Division was one of only eleven divisions to receive this prestigious public education award. Nearly one million adults and one and a half million school children received information regarding prevention, risk reduction and early detection of cancer through ACS sponsored education programs.

Early in 1989 eleven public education advocates were trained to serve as liaisons between the division's Public Education Committee and Unit Boards of Directors. The advocates will speak to unit boards at their request about the importance of unit public education programming.

For the second year the Great American Low Fat Pig Out was also a success. Sixty-one thousand adults were encouraged to think seriously about the relationship of diet and cancer while giving them the opportunity

to make wise choices from specially

prepared menu selections. In the schools nearly 162,000 students

that day.

students education award.
chose
healthy low fat meals on A

Eighteen registered dieticians became Master Trainers for our "Taking Control" and "Eat Smart" programs. The function of these Master Trainers is to support the public education efforts of the local ACS units by conducting training sessions for facilitators.

In May of 1989, 3,200 people received free skin cancer screenings by dermatologists at 30 sites. Nine hundred eighty-nine pre-cancerous conditions were found.

Twenty-seven units achieved PACE status this past year. Twenty of these units received the Gold PACE Setter Award, the highest award that can be given to a unit for its public

education programs. The

Award was presented to three individuals for their exemplary and continuing volunteer service. Iudith

Life Saver

Anderson from our Oakland unit was recognized by the National Public Education Committee with its 1989 Ruby Life Saver Award.

year, we will be preparing information to be used with the Michigan Model programs in high schools.

The Michigan Division developed a smokeless tobacco video which was narrated by Ernie Harwell, announcer for the Detroit Tigers Baseball Team. This video has been added to the Michigan Model curriculum materials and is helping thousands of Michigan youth to understand the risks associated with this



Our division has continued to be involved in the Michigan Model for Comprehensive Health Education. As increasing numbers of schools and grade levels begin to use the Michigan Model, more young people are becoming aware of how they can protect themselves against cancer. In the next

tobacco product.

Because of the Michigan
Division's 1988-89 public
education programs we
know that many people
have received the information that they need to
protect themselves against
cancer by prevention, risk
reduction and early detection.

SERVICE & REHABILITATION

here are an estimated 47,500 cancer patients in Michigan. The Michigan Division's Service Rehabilitation volunteers provided a service for 45% of those patients during this past year.

Reach to Recovery led the way in rehabilitation programs. Almost 4000 new breast cancer patients received information, support, and gentle encouragement from the hundreds of volunteer Reach to Reovery visitors across the state. In recognition of the 20th anniversary of Reach to Recovery, a tea was held at the Hyatt Regency in Dearborn for approximately 60 Reach volunteers to recognize their valuable service to breast cancer patients.

"I Can Cope", Ostomy and Laryngectomee visitation and support programs increased their outreach efforts, to extend the development of a strong rehabilitation programming base.

Camp Catch-A-Rainbow saw 62 campers in its third year of operation. Twenty more than the year before. The children enjoyed a week at camp, highlighted by traditional camp recreational fare. Several campers were flown in by volunteer pilots of the "99's", a women pilots' organization. In addition to the regular camp week, we held a pilot pre-school camp for one day and a winter family weekend attended by 40 people. These events were also for children who have or had cancer, and their families.

Support groups started to bloom across the state. A new group, piloted in Wayne County entitled "Focus on Living," targets patients and their families, and "Just Between Us"

groups, started in Macomb County to facilitate the recovery of breast cancer patients.



MEDICAL ACTIVITIES

he Professional
Education Committee reached nearly 23,578
health professionals during the past year with numerous educational programs on cancer incidence, detection and the latest advances in treatment methods. Some highlights are:

- •The accreditation of over 100 mammography facilities in Michigan is a result of the work of the breast cancer detection awareness task force. Michigan now has more approved facilities than any other state in the nation.
- •The distribution of thousands of copies of the CA Journal for clinicians as well as a variety of pamphlets, brochures, and audiovisual materials to health professionals across Michigan.

•The sponsorship of the Great Lakes Cancer Nursing Conference by the Nursing Subcommittee, with participation of 300 health professionals from across the state. This conference continues to be recognized as the premier cancer education program for nurses in Michigan.

- •A one day conference held for primary care physicians on Breast Cancer with over 100 physicians in attendance.
- •An oral CA symposium conducted in conjunction with the Michigan Dental Association reached more than 100 dentists.

During the coming year, the Professional Education Committee will continue to work to keep medical and allied health professionals in Michigan up to date in cancer prevention, detection

and treatment with an eye to finding a cure and improving the quality of life for cancer patients.



COMMUNICATIONS

Public information plays a crucial role in reminding the public of the significant contributions the American Cancer Society has made in cancer control. A priority responsibility is spreading, consistently and accurately, the message that "the American Cancer Society helps local people" through services, education

and research. We utilize a total media approach: T.V., radio, cable and print; and non-traditional methods of alternative media: bill-boards, corporate and hospital newsletters and payroll stuffers.

The media is a specifically valuable asset in reminding the public of the

dangers of smoking through the annual Great American Smokeout. Smokeout '89 held on November 16, convinced 10.5% of the nation's 50 million smokers to quit for the day, with 3.9 million not smoking one to three days later. It is estimated that 17.9 million smokers participated in Smokeout '89.

Individuals like Gail Gibson from Kalamazoo, our Courage Award Winner, are also important. By personal appearances and telling their own unique story, they share the hopeful and successful story of cancer survivorship in a personal way.

Through the media and with the continued help of individuals, the American Cancer Society looks forward to continuing its work to develop the Smoke-Free Class of 2000 in Michigan, to identify the significant differences between our organization and other competing cancer groups and to initiate a program to recognize and reward the outstanding cancer communication efforts initiated by the media in Michigan.

It is estimated that 17.9 million smokers participated in Smokeout '89.



INFORMATION SYSTEMS

ast year, we saw the beginning of a new era in the Michigan Division. With the onset of the computer age, many of our offices were equipped with computer terminals. To coincide with this move to automate, several training sessions were held to familiarize staff with the various software packages available.

This computerization enhances the information processing currently being done at the local level, and increases accuracy and thoroughness.

We installed desk top publishing software in the division office. Materials for many programs are now being created in-house with the use of this new system.

During the next year, the division will be expanding its horizons even further with the implementation of the initial stages of our Information Technology Plan.



FIELD SERVICES

The Field Services
Committee with Phil
Moilanen serving as Chairman led the Michigan
Division in a reorganization
from the geographical areas
to groups.

Thus, restructuring took place in order to group similar sized units, based on population, to provide and maintain more productive and systematized training programs and area management procedures to staff and volunteers. A group vice president was assigned to supervise each of the four groups. Based on 1988 state population figures, we now have 49 units with a population of under 50,000, 24 with 50,000-200,000 and 9 with over 200,000.

The Field Services Committee provided support for the first annual Cancer Survivor's Day Committee chaired by Jim McHale. Because of this committee's efforts, unit participation in this April event increased

over the previous year.

Twenty-one units reported their planned Cancer

Survivor's Day activities to the division. "Winning," a theme song specifically written and produced for

cancer survivors
across the state was
aired on radio stations throughout
Michigan as a
tribute to them and
their families.

Committee members travelled to many of the

Michigan units to present the respective Board of Directors with their 1989 Unit Certifications. The Field Services Committee proudly presented 51 full certification certificates and 21 full certifications with recommendation, along with one limited certification with recommendations, and nine units are working toward organization.

The Field Services Committee was instrumental in initiating the Socio-Economically Disadvantaged (SED) project under the volunteer leadership of

As the 1988-89 year came to a close the Field Services
Committee recognized the need for a consistent division-wide training program.

Phyllis Ledyard, Immediate Past Chairman of the Board. A task force of volunteers and staff was formed to look at unit resources and needs.

A special work group, with the guidance of the Field Services Committee, was formed to review 38 Michigan Division Honor Citation applications this year. Each submission was creative, unique and deserving of review. Fifteen units were awarded Michigan Division Honor Citations and twelve Awards of Merit were presented to deserving units.

As the 1988-89 year came to a close the Field Services
Committee recognized the need for a consistent division-wide training program. Efforts are being made to develop and offer a top-flight training program for volunteers and staff through a Michigan Division Training Academy.

INCOME DEVELOPMENT

he Michigan Division raised \$7,546,190 through its income development activities in 1989.

The dedication and hard work of over 51,385 volunteers underscored this outstanding achievement.

Income Development highlights include:

- •Special events income continues to be the largest source of income with over \$2,839,214 raised in 1989.
- Residential Crusade and Educational campaigns raised \$1,501,566 or 20% of the total Division income.
- The managed Mail system brought in \$909,689 or 12% of the total income.
- Memorials accounted for \$1,059,266 or 14% of the total income.

BREAKDOWN OF MAJOR EVENTS

GREAT AMERICAN LOCK-UP

45 Units participated

\$1,079,617 Total

Ingham County \$110,336

DAFFODIL DAYS

35 Units participated

\$75,244 Total

ACS GOLF CHAMPIONSHIPS

35 Units participated

\$652,682 Total

Oakland County "Babe" \$145,776

Kent County Men's \$124,139

CHRISTMAS CARDS

62 Units participated

\$220,163 Total

GROCERS FIGHT CANCER

27 Units participated

\$48,508 Total

Kent County \$13,166

MOVEALONGS

17 Units participated

\$54,651 Total

Grand Traverse County \$12,270

YOUNG ROPESSIONALS

2 Units partici

\$30,757 Total

Oakland County's Rio Festival was the largest event

P U B L I C I S S U E S

he "power of the people" was demonstrated by the American Cancer Society in 1989. At. the request of Representative Maxine Berman (D-Southfield), the staff and volunteers in the Public Issues Department took an active role in the promotion and passage of state legislation to improve breast cancer screening and care. Working with the Professional Education Department, a network of grass

root volunteers was developed and educated on the issues.

Both volunteers and staff testified at a legislative hearing and American Cancer Society volunteers from all over the state successfully lobbied their legislators for passage of the bills. The role of the American Cancer Society volunteers was acknowledged on the floor of the Michigan Senate during debate on the bills. The American Cancer Society in

Michigan is now recognized as a powerful grass roots advocate for cancer related issues.

...as of February 25, 1990, smoking will be prohibited on more than 99% of all domestic U.S. airline flights.

At the national level, American Cancer Society volunteers, including those from Michigan, made thousands of contacts with their senators and representatives in Washington regarding smoking on the airlines. As a

result of this strong lobbying effort, as of February 25, 1990, smoking will be prohibited on more than 99% of all domestic U.S. airline flights. Smoking on airline flights is prohibited anywhere in the contiguous 48 states, Puerto Rico, and the U.S. Virgin Islands. It is also prohibited on flights lasting six hours or less to or from Hawaii or Alaska.

The 1989 Michigan
Tobacco Reduction Task
Force recommendations will
promote the reduction of
tobacco use in Michigan. As
the 1990's begin, the Michigan Division of the American Cancer Society is willing
and able to work cooperatively to reach the task
force's goal of a 50%
reduction in tobacco use by
the year 2000.



· **8** · 9

MICHIGAN DIVISION HONOR CITATIONS

Bay Snowmobile Safari

Ingham "Don't Be A Dip" Smokeless Tobacco Program

Cold Turkey Trot Fun Run

Jackson Strategic Planning Retreat

Reach To Recovery-An Illustrated Guide Kent

to Self-Examination

Eating Smart...3-Part News Service

Metro Detroit "Choose" The American Cancer Society Video

Celebrity Wall of Non-Smokers

Great Graphics Go Anywhere/Call My Number

Northern

Michigan Area Corporate Spirit! Award

Young Professionals Committee Oakland

"I Can Cope" -Video

Memorial Program Guide Wayne

> Minority Cancer Awareness Forum Henry Ford Hospital In-House Reach To

Recovery Program

Berrien Cancer Education and Screening Program Gladwin

Gladwin High School Tobacco Cessation

Support Program

Macomb **Marketing Committee**

Metro Detroit Residential Reception/Media Kickoff

Montealm Care and Share

Muskegon Options Unlimited-Video Oakland Great American Lock-Up PSA

Troy Beaumont Hospital's Celebration of Life

Ottawa Newspaper Series-Cancer Survivor's Day

Washtensw Great American Blow-Out

Wavne Do As We Say, Not As We Did: (Learning from a

> Larvngectomee)-Video Cancer Awareness Sunday

NATIONAL HONOR CITATION AWARD WINNERS

MACOMB UNIT

"PINOCCHIO, PLEASE DON'T SMOKE THAT CIGARETTE" This is a musical skit performed by middle school students for elementary students. The musical encourages young people to say "No" to cigarettes and other drugs. Developed by Hedy Blatt, Fine Arts Director of the Troy. School District. The musical was performed before the Division House of Delegates in June by students from Troy's Smith Middle School, under the direction of Mary Anne Williams.

NORTHERN MICHIGAN AREA

CORPORATE SPIRIT AWARD

This award was created to recognize the increasing number of employees who understand the special and temporary needs of their cancer survivor employees. They are supportive and encourage co-workers to be the same. It is these employers who exemplify the true spirit behind Northern Michigan's "Spirit" Award.

NATIONAL DIVISIONAL AWARD WINNER

PHYLLIS LEDYARD

Phyllis Ledyard, Port Huron, received the National Divisional Award, the highest award presented to a Division Volunteer by the National Society upon recommendation of the Division Board. Ledyard is a long-time active St. Clair County volunteer and is the Immediate Past Chairperson of the Division Board.

COURAGE AWARD WINNER

GAIL GIBSON

Gail Gibson, Kalamazoo, was presented with the Michigan Division's Courage Award in recognition of her unrelenting fight to conquer her cancer Beginning with a lump she discovered in her breast, Gibson prevailed through a rigorous treatment of surgery, radiation and chemotherapy.

NATIONAL PUBLIC EDUCATION LIFE SAVER AWARD RECEPIENT

JUDITH ANDERSON, R.N., B.S.N.

Judith Anderson, R.N., B.S.N., of Oakland, received this year's Public Education Public Life Saver Award. This award is presented annually by the National Public Education Committee to a division volunteer who demonstrates excellence in their efforts to share the life saving message of early detection and treatment of cancer. She teaches breast self examination to thousands of women each year, and trains many other nurses to be instructors. Driven by her personal goal to assist every woman in Oakland County to have the best in breast health education and treatment. Anderson also assists many women, without the availability to pay, to find alternative ways to receive competent medical care.

GOLD PUBLIC EDUCATION AWARD

NATIONAL AWARD TO THE DIVISION

Chairman of the Board Robert C. Gunn, Ph.D., accepted the Gold Public Education Award on behalf of the Michigan Division at the National Annual Meeting. The achievement of this award represents the combined effort of all of our units in public education during this past year.



SUPPORT FROM THE PUBLIC

REVENUES & EXPENSES

CURRENT FUNDS

TOTAL ALL FUNDS

SUPPORT FROM THE PUBLIC	Unrestricted	Restricted	Building, Land and Equipment Funds		Pct.	1988	Pct.
Contributions	\$4,041, 218	\$63,800	\$	\$4,105,018		\$3,835,265	
Special Events	2,728,364	· .	 .	2,728,364		2,465,905	
Special Fund Raising Activities	115,234			115,234		484,290	
Legacies and Bequests	1,697,752	803,190		2,500,942		1,307,915	
Fund Raising Organizations	597,574		· . ·	597,574	•	595,323	
Total Support From The Public	9,180,142	866,990		10,047,132		8,688,698	
OTHER REVENUE							
Investment Income	633,373	680		634,053		465,052	
Grants from National Headquarters		60,340	45,864	106,204		48,007	
Total Support and Revenue	9,813,515	928,010	45,864	10,787,389		9,201,757	
EXPENSES				<u> </u>		0.540.000	4400
Research and other National Programs	3,672,591	328,413		4,001,004	(43%)	3,568,238	(40%
Cancer Prevention Study II		31,115		31,115	(0%)		(0%
Public Education	1,412,312	15,499	27,659	1,455,470	(16%)	1,528,264	(17%
Professional Education	500,379	5,725	10,491	516,595	(5%)	447,544	(5%
Patient Services	1,204,408	63,598	20,983	1,288,989	(14%)	1,209,693	(14%
Community Services	541,785	6,862	11,445	560,092	(6%)	573,353	(6%
Management and General	324,131	5,634	6,676	336,441	(4%)	405,766	(5%
Fundraising	1,127,771	15,454	18,121	1,160,746	(12%)	1,175,508	(13%
Total Expenses and Support for National Programs	8,782,777	472,300	95,375	9,350,452	(100%)	8,908,366	(100%
Increase in Funds Available for Future Operations	1,030,738	455,710	(49,511)	1,436,937		293,391	
Principal Payments On Building Mortg	gage						
and Installment Contracts	(48,224)		48,224				
Acquisition of Fixed Assets	(54,884):		54,884			+	
Beginning of Year, Fund Balance	5,500,969	78,417	71,478	5,662,239	-	5,368,848	
End of Year, Fund Balance	\$6,428,599	\$534,127	\$125,075	\$7,099,176		\$5,662,239	



Endowment Funds-Fund balance at beginning and end of year totaled: \$11,375

MICHIGANUNITS

GROUPI

Roger W. Zeh Senior Group Vice President Nancy Kiedel Group Volunteer

Ingham Kent Macomb Muskegon Oakland Wayne Metro Detroit

GROUPI

Julia K. Bizzis Group Vice President Robert Kendail, III Group Volunteer

Allegan Calhoun Genesee Isabella Jackson Kalamazoo' Midland

Ottawa

Saginaw St. Clair Shiawassee Washtenaw

GROUPIII

Daniel C. Burleigh Group Vice President John Andrews Group Volunteer

Clinton Arenac Eaton Barry Gladwin Bay Gratiot Berrien Branch Hillsdale Eaton Huron Cass Ionia Clare Lapeer

Lenawee
Livingston
Monroe
Montcalm
St. Joseph
Sanilac
Tuscola
Van Buren

GROUPIV

Barbara Barton Group Vice President Maggie Quinn Group Volunteer

Alcona
Alger
Alpena
Antrim
Baraga
Benzie
Charlevoix
Cheboygan
Chippewa
Crawford
Delta
Dickinson
Emmet

Grand Traverse
Houghton-Keweenaw
Iosco
Iron
Kalkaska
Lake
Leelanau
Luce
Mackinac
Manistee
Marquette
Mason
Mecosta

Menominee
Missaukee
Montmorency
Newaygo
Oceana
Ogemaw
Osceola
Oscoda
Otsego
Presque Isle
Roscommon
Schoolcraft

Wexford

MICHIGAN DIVISION INC.

OFFICERS

 Lawrence Manning, D.D.S. President

*Jeanne Parzuchowski, R.N., M.S. Secretary

*John DiBiaggio, D.D.S. Vice President

> *James Ricker Treasurer

*Robert C. Gunn, Ph.D. Chairman of the Board

Clarence Vaugh, M.D. Immediate Past President

*James Werts Vice Chairman of the Board Phyllis Ledyard Immediate Past Chairman

STANDING COMMITTEE CHAIRMEN

Nominating Maggie Quinn

Medical Activities *Harold Bowman, M.D. Communications

Loretta Stanaway

Income Development Nancy Siegrist

Field Services Philip Moilanen

Service and Rehabilitation

James Ricker Public Issues

*Kathy Johnson, Ph.D.

Public Education Mary Anne Homann, M.S., R.N. *Karen Hudson

Budget and Finance

AREA DELEGATE DIRECTORS

East Central Area Eric Conner Barbara Joswiak, R.N. Tim Kuhn Norman Moore, Jr. Ione Perry

Karen Slater, R.N.

Northern Michigan Area Bonnie Dalman Patricia Fittante Janet Fredrickson Elsie Fretz Jacque Johnson Lila Kline Larry Moore Jeanne Rutherford

Evelyn Suzor

Betty Watts

Metro Detroit Area Donna Abdoo Carol Aldridge Judith Anderson, R.N. Kirk Banerian, M.D. Catherine Burns Judge Wendy Cooley Darvi Duncan, D.D.S. Willa Miller, R.N. Paul Mitchell, M.D. Mary Ann Newcombe Barb Rivenburgh, R.N. Joan Ross Raymond Sneider, D.O.

Martha Vincent

South Central Area Stan Hoffman, M.D. Kathy Johnson, Ph.D. *Nathaniel Rowe, D.D.S. Evelyn Schmidt, R.N. Alice Sullivan Mildred Vliet

West Central Area Ann Bales Roger Erbaugh, D.D.S. Judy Helder Mary Johnson, R.N. J.C. Kim, M.D. Celia O'Connor, R.N. Regio Penna, M.D. Joel Rubin, D.O. Reverand John Staal David VanderWall

MEMBERS AT LARGE

Lonson Barr, D.O. Harold Bowman, M.D. John DiBiaggio, D.D.S. Nikolay Dimitrov, M.D. John Everts Robert C. Gunn, Ph.D. Allen Hobson

Mary Anne Homann, R.N., M.A.

Karen Hudson Andre Jubert, M.D. Phyllis Ledyard Billie Lewis, M.D. Charles Long, M.D. Lawrence I. Manning, D.D.S. James McHale Philip Moilanen

Frederick O'Dell, M.D. Janet Osuch, M.D. Jeanne Parzuchowski, R.N., M.S. John Penner, M.D. Maggie Quinn James Ricker Nancy Siegrist

Dean Sienko, M.D. Loretta Stanaway L. George Suhrland, M.D. Barbara Threatt, M.D. Clarence Vaughn, M.D. James Werts Robert Wood

HONORARY LIFE MEMBERSO

Lee Bowerman Harold E. Bowman, M.D. David Buby, D.O. Robert E. Bylenga Jacob A. Dalm, Jr.

Helen Dick Max E. Dodds, M.D. Janet Dorer Wilma Harwood Anne Klerk, R.N.

Lila Kline Virginia Mitchell C. Allen Payne, M.D. Mary Pitts Waldo I. Stoddard

Barbara Stuber Roscoe Stuber, M.D. Audrey Fruchtl-Thornton Clio VanValkenburg

REPRESENTATIVES

Nathaniel H. Rowe, D.D.S. Nathional Medical Delegate

James P.Ricker National Lay Delegate Director

Harold E. Bowman, M.D. National Medical Delegate Director Phyllis H. Ledyard National Lay Delegate

Our thanks to the following for making a substantial contribution to this report:

Logan Brothers Printing, Lansing, MI
Copen Papers Inc., Lansing, MI
D. Green Advertising, Eansing, MI

HERITAGE LEAGUE

or both individuals and organizations it is important to look to the future. With proper planning and advice, you can make a difference for generations to come. The American Cancer Society has several programs through which you can provide a deferred gift to aid us in our battle against cancer. By participating in these programs, you will become an integral part of our HERITAGE LEAGUE.

What is the Heritage League?

The Heritage League is made up of concerned individuals who have chosen to leave their mark on life by providing future income to support the programs of the American Cancer Society. By leaving even a small planned gift to the American Cancer Society, you can leave a loving and lasting impression on life.

The American Cancer Society is supported exclusively by voluntary private contributions.

The society's long-range objective is to eliminate cancer entirely. The immediate goal of the American Cancer Society is to save more lives and diminish suffering.

How Can I Join the Heritage League?

You can become a valued member by taking one or more of the following actions:

•Including the American Cancer Society as owner and /or beneficiary in an existing life insurance policy.

- •Including the American Cancer Society in some other planned giving instrument.
- •Naming the American Cancer Society in your will.

Naming the society as a beneficiary under the terms of a will can be done in several ways. The simple and direct gift of money (or property) should state: "I give to the American Cancer Society, Michigan Division, the sum of \$__ to be used for its general purposes of the Society."

For a residuary bequest, the will should state: "I give, devise and bequeath to the

American Cancer Society, Michigan Division, for its general purposes, all (or state fraction) of the rest, residue and remainder of my estate both real or personal."**

**These forms and all others shown are merely suggestions as to content and should be written or adapted by legal counsel to fit the donor's individual situation.

For more information on any planned gift, please contact:
Gregory Bontrager
Director of Development
American Cancer Society
Michigan Division, Inc.
1205 E. Saginaw
Lansing, MI 48906
(517) 371-2920





APPENDIX P

ACS "Beating the Odds" recruitment letter



Beating the Odds worksite Program

BEATING THE ODDS DEVELOPMENT COMMITTEE

Chaired by Ford Motor Company

Participants

Ameritech Publishing, Inc.

CDI Transportation Group

Cross & Trecker
Corporation

Michigan Consolidated Gas Company

NBD Bancorp

United Auto Workers,

Volkswagen of America, Inc.

February 1, 1990

Mr. John Doe Ajax Widget Company 123 Main Street Anytown, USA 100000

Dear Mr. Doe:

Cancer has either directly or indirectly touched every one of us at some point in our lives. All of us are aware of a friend, a coworker, or a family member whose life has been impacted by cancer. Beating the Odds, an American Cancer Society worksite initiative, has been developed to assist American businesses to protect their human resources against cancer.

Cancer is second in costs to American industry only to coronary heart disease. In 1989, 9 billion dollars in lost time and productivity were attributed to cancer alone.

It is estimated that a cure rate of 75% or higher can be achieved if tumors are found and treated before they cause symptoms.

Beating the Odds has a user-friendly format, can be used by anyone on your staff, and can be done primarily on an employee's own time. Additionally, it offers low and no cost strategies that your company can use to provide employees with an opportunity to participate in early detection, and to take control of many of their own cancer risks.

Enclosed is a package that provides an outline of Beating the Odds. Please contact Bridget Gosine, Program Director of the Macomb County Unit, for additional information at (313) 758-7800.

I hope that you will join us in taking these important steps to reduce the risks of cancer for your employees. Beating the Odds can be your first step.

Sincerely yours,

Bob Smith
President, Board of Directors
Macomb County Unit

"YOU CAN SAVE A LIFE TODAY."

APPENDIX Q Resumes for state personnel

BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program Director. Photocopy this page for each person.

14AIIIS	Chief,		Development	REDACTED
EDUCATION (Begin with baccalaureate or other initial profession	nal educa	tion, such a	s nuising, and inclu	de postdoctoral training.)
INSTITUTION AND LOCATION		DEGREE	YEAR CONFERRED	FIELD OF STUDY
Michigan State University, East Lansing,	мі	B.A.	REDACTED	Political Science
University of Chicago, Chicago, IL		M.A.	1	Political Science

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors, include present membership on any fiederal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

WORK EXPERIENCE

REDACTED - Assistant Director, Community Action Program Committee, Inc.
Pensacola, Florida. Assist the Director in the general supervision and administration of federally funded anti-poverty agency.

Planning Consultant, Bureau of Administration, Michigan Departmen or Public Health, Lansing, Michigan. Provide technical assistance for local health department program planning. Assist with development of Department's Program Budgeting and Evaluation System. Assist with preparation of Department program plan.

Planning Consultant, Office of Planning and Evaluation, Michigan Department of Public Health, Lansing, Michigan. Prepare policy and issue analyses; coordinate Department program plan; provide technical assistance for Department Program Budgeting and Evaluation System.

Program Consultant, Office of Local Health Services, Michigan Department of Public Health, Lansing, Michigan. Equal Employment Opportunity Contract Compliance Officer responsible for implementing Department's civil rights contract compliance program. Develop and monitor local health department contracts. Policy, issue and legislative analysis related to local health services.

REDACTED

- Chief, Diabetes Section, Bureau of Health Promotion and Disease Prevention, Michigan Department of Public Health, Lansing, Michigan. Administer Michigan Diabetes Control program. First line supervision for 4 employees; responsible for planning and implementation of statewide diabetes control program designed to reduce diabetes mortality and morbidity. The program includes federal award for diabetes control project and state funded grant program.

Chief, Health Services Research Section, Research and Development Division, Center for Health Promotion, Michigan Department of Public Health, Lansing, Michigan. Administer section and provide first or second line supervision to 7 employees. Section includes Michigan Diabetes Control Program; a demonstration grant program: Special Health Promotion Projects for Mothers and Children; lead responsibility for Center computer acquisition and use planning; responsibility to initiate planning for Department cancer prevention and control program.

- Chief, Program Development Section, Research and Development Div., Lenter for Health Promotion, Michigan Dept. of Public Health, Lansing, Michigan.

Administer section and provide first or second line supervision for 18 employees.

Section responsible for state-wide cancer prevention and control program, Michigan

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Page _1___

FF

"Number pages consecutively at the obttomithroughout the application. Do not use suffixes such as 5a, 5b,

Diabetes Control Program and Michigan Tobacco Program. Section also responsible for Miniority Health Task Force and publishing Health Promotion Monograph series.

PRINCIPAL INVESTICA

BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program Director. Photocopy this page for each person.

TWE	POSITION TITLE	· · · · · · · · · · · · · · · · · · ·	BIRTHDATE (Mo., Day, Yr.)
arol A. Callaghan Chief, Cancer & Tobacco Uni		REDACTED	
DUCATION (Begin with baccalaureate or other initial professi	onal education, such as	nursing, and includ	de postdoctoral training.)
INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY
University of Michigan, Ann Arbor, Mi University of Michigan, Ann Arbor, Mi University of Arizona, Tuscon, AZ	M.P.H. M.P.H. B.S.	TO ACTED	Health Services Mgt/Po Human Nutrition Maternal/Child Health Human Nutrition

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment; experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application, DO NOT EXCEED TWO PAGES.

WORK EXPERIENCE

REDACTED

Unit, Veterans Administration Hospital, Chicago, IL. Assisted physicians and others involved in conducting research on metabolic disorders; developed and implemented nutrition policies and procedures for new Metabolic Research Unit; taught patients, nursing and medical students the nutrition management of metabolic disorders.

REDACTED - Clinical Dietitian, VA Hospital, Richmond, VA. Developed and implemented nutrition policies and procedures for new Renal Dialysis Unit; taught patients, nurses and physicians the nutrition management of renal failure.

REDACTED

Regional Nutrition Consultant, Michigan Department of Public Health, Lansin Michigan. Provided putrition consultation to eight county health departments, including program development, training, case conferencing, and evaluation.

REDACTED - Consultant to Indian/Migrant Health Programs, Michigan Department of Public Health, Lansing, Michigan. Provided consultation and technical assistance in the areas of community needs assessments, program planning, grant writing, and advocacy. REDACTED

- Adult Health Consultant, Michigan Department of Public Health, Lansing, Michigan. Served as intra-departmental liaison to state and local agencies with interest and/or responsibilities in adult health; provided consultation to local health departments regarding adult health program planning and development.

REDACTED - Senior Program Consultant, Michigan Department of Public Health, Lansing, Michigan. Responsible for grants management in the diabetes program; provided consultation to agencies regarding program planning; developed standards and criteria for the diabetes education programs subsequently approved for third-party reimbursement; provided first-line supervision for 3 employees.

REDACTED

- Chief, Cancer and Tobacco Unit, Michigan Department of Public Health, Lansing, Michigan. Responsible for planning, implementation, monitoring and evaluation of new statewide cancer and tobacco control program unit; supervised program staff; provided first or second-line supervision for 8 full-time employees plus contractors.

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BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal
— Investigator/Program Director, Photocopy_this page for each person,

NAME	POSITION TITL	E		BIRTHDATE (Mo., Day, Yr.)	
Andrea Poniers	Community Tobacco Consultant			REDACTED	
EDUCATION (Begin with baccalaureate or other initial profession	nal education,	such as i	nursing, and inclu	de postdoctoral training.j	
INSTITUTION AND LOCATION	DEG	REE	YEAR CONFERRED	FIELD OF STUDY	
Michigan State University, East Lansing,	MI B.	Α		Public Administration	
University of Wisconsin, Madison, WI	M.S.	s.w.		Social Work	

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors, include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

WORK EXPERIENCE AND AWARDS

- Management Information Specialist, Office of Institutional Studies, University of Wisconsin - Eau Claire. Acquisition, interpretation, and presentation of institutional data for use by administration, faculty and students. REDACTED

-'Medical Social Worker, St. Joseph Hospital Family Health Center, Flint, Michigan. Medical social worker and behavioral science faculty member for family practice residency program.

REDACTED Academy of Certified Social Workers.

REDACTED

Resident and Faculty Physicians' Appreciation Award, St. Joseph Hospital.

REDACTED - Counselor, Concern: Employee Assistance Program, Lansing, Michigan. Short-term counseling, and planning and presenting training seminars, 20 hours per week.

REDACTED

Legislative Specialist, Mational Association of Social Workers, Michigan Chapter, Lansing, Michigan. Monitoring and analyzing legislation, mobilizing members for political action, and communicating with legislators. REDACTED

- Consultant, Michigan Department of Public Health, Cancer and Tobacco Unit, Lansing, Michigan. Staff support for the 1989 Michigan Tobacco Reduction Task Force; and researching and writing the Task Force report; staff support for Tobacco-Free Michigan Action Coalition; planning and organizing Department tobacco control activities.

PUBLICATIONS

Tobacco-Free Michigan 2000: A Report of the 1989 Michigan Tobacco Reduction Task
Force. January 1990.

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Number pages consecutively at the pottom throughout the application. Do not use suffixes such as 5a, 5b.

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BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program Director. Photocopy this page for each person.

NAME	FOSITION	HILE		PINITUALE (MO., UZY, TT.)
Mikelle Diane Whitt	Commun	ty Tobaci	co Consultan	REDACTED
EDUCATION (Begin with baccalaureate or other Initial profe	ssional educi	tion, such as	nursing, and inclu	de postdoctoral (raining.)
INSTITUTION AND LOCATION		DEGREE	YEAR CONFERRED	FIELD OF STUDY
Central Michigan University Mt. Pleasant, HI 48859		B.A.A.		Public Health Educatic

Central Michigan University

Mt. Pleasant, MI 48859

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT

REDACTED

EXCEED TWO PAGES.

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT, Stanton, MI 48888.

Public Health Educator for Clinton, Gratiot and Montcalm Counties.

Coordinator of the Adolescent Pregnancy Conference, the "How to Say No" Program, and the Child Safety Seat Program. Grant writing, marketing and fund raising. Consultant to Big Brothers/Big Sisters.

REDACTED

SHIAWASSEE COUNTY HEALTH DEPARTMENT, Corunna, MI 48817.
Public Health Educator responsible for: initiating a Cholesterol Screening Program; public relations; program marketing; consulting for staff, other agencies and community; planning, organizing and implementing programs; facilitating Freedom From Smoking Clinics; and editing monthly Healthline newsletter.

REDACTED

MICHIGAN DEPARTMENT OF PUBLIC HEALTH, CANCER AND TOBACCO UNIT, Lansing, MI 48909.

Tobacco Consultant to Community Coalitions Against Tobacco Use. Responsible for: providing technical assistance and support; overseeing achievement of grant goals and objectives; establishing a communication network among local coalitions; and acting as a resource person for all local coalitions.

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PRINCIPAL INVESTIGATOR PROGRAM DIRECTOR _ 40% Deas :

BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program Director, Photocopy this page for each person.

NAME	POSITION TITLE Analyst		BIRTHDATE (Mo., Dav. Yr.)	
Paulette M. Valliere				REDACTED
EDUCATION (Begin with baccalaureate or other initial profess	sional education	n. such as	nursing, and inclu	ude postdoctoral training.)
INSTITUTION AND LOCATION	1	GREE -	YEAR CONFERRED	FIELD OF STUDY
Southeastern Massachusetts University North Dartmouth, MA	В	.s.	PED	Mathematics Quantitative Psychology Developmental Psychology
Hichigan State University Fast Lansing, MI	. H	.A.		Quantitative Psycholog

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors, include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT

REDACTED

- Research Assistant, Michigan State University, School of Social Work. Duties included research design, data analyses and large data base management

- Research Associate, Michigan Department of Mental Health, Research and Evaluation Division. Duties included research design, data analyses, data base management, and report writing.

REDACTED

- Departmental Analyst VIB Michigan Department of Public Health, Cancer and Tobacco Unit. Duties include providing research consultation to the Cancer and Tobacco Unit; research design and statistical analyses of research projects including portions of the BRFS data collected in Michigan; program evaluation of tobacco coalitions; report and grant writing; and development of the Department Cancer Plan.

PUBLICATIONS

Valliere, P. M. "Factors Related to Screening Mammography in Women Fifty Years of Age and Older: Survey Findings in Genesee and Ingham Counties."

Spectrum: 3(1), Winter 1990. (MDPH - Center for Health Promotion)

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PRINCIPAL INVESTIGATOR PROBREM DIRECTOR ___ John Beasley

BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program-Director. Photocopy this page for each person.

NAME	POSITION TITLE_		BIRTHDATE (Mg., Day, Yr.)
Mignonne Gumbs Radja	Community Tobac	co Consultan	REDACTED
EDUCATION (Begin with baccalaureate or other initial profession	onal education, such as	nursing, and inclu	de postdoctoral training.)
INSTITUTION AND LOCATION	DEGREE-	YEAR CONFERRED	FIELD OF STUDY
Howard University, Washington, D.C.	B.A.	REDACTED	Elementary Education
Michigan State University, East Lansing,		- ·	Nonformal Education Career Dev. & Counselin

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience. and honors, Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

WORK EXPERIENCE

REDACTED

Associate Project Officer, Reimbursable Development Programs/Training Office, Agency for International Development, Washington, D.C. Selected appropriate U.S. academic programs, placed students nationally, arranged for additional training as necessary, negotiated contracts with host institutions, and monitored the programs of approximately 300 students placed in the North Central region of the U.S.

REDACTED

Graduate Assistant, Michigan Career and Vocational Education Resource Center, Michigan State University, Lansing, Michigan. Researched, complied and published an annotated bibliography of sex equity materials for use by K-12 teachers and students.

Lab Instructor, School of Social Work, Michigan State University, Lansing, Michigan. Instructed lab section of course entitled 'The Interviewing Process'.

REDACTED Program Coordinator, Zimbabwe Manpower Development Project, African Studies Center, Michigan State University, Lansing, Michigan. Designed and coordinated a program for Zimbabwean undergraduate students.

REDACTED .. - Private English Instructor, Lubumbashi, Zaire. Taught English to Zairians, Belgians, and Canadians of the academic, business, and diplomatic communities.

REDACTED Director, MOST Child Day Care Employment and Training Pilot Project, Michigar Department of Social Services, Lansing, Michigan. Developed and implemented entre-preneurial initiative to expand businesses of family day-care providers and implemented pilot day care center expansion/client training project.

REDACTED - Consultant, Cancer and Tobacco Unit, Center for Health Promotion, Michigan Department of Public Health, Lansing, Michigan. Serve as the Department's spokesperson on tobacco related issues and as senior consultant for implementation of state's Clean Indoor Air Act.

AWARDS AND MEMBERSHIPS

Awarded National Resource Fellowship for Academic years

REDACTED

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FRIG.C.FAL INVESTIGATORIPROGRAM DIRECTOR: _John Beasley

BIOGRAPHICAL SKETCH

Give the following information for the key personnel and consultants listed on page 2. Begin with the Principal Investigator/Program-Director, Photocopy this page for each person.

NAME .	POSITION TITLE			BIRTHDATE (MO. Day Yr)
Lisa Marie Weber Roehl	Student Assistant			REDACTED
EDUCATION (Begin with baccalaureate or other initial profession	onal ac	lucation, such as	nursing, and inclu	de postdoctoral training.)
INSTITUTION AND LOCATION		DEGREE	YEAR CONFERRED	FIELD OF STUDY
North Western MI College, Traverse City,	HI	B.S.		Psychology
Michigan State University, East Lansing,	MI	B.S.	EDACTED	Psychology
Michigan State University, East Lansing,	HI	Ph.D.		Developmental Psycholog

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors, include present membership on any Federal Government public advisory committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

WORK EXPERIENCE

REDACTED - Research Assistant, Michigan State University, Department of Psychology, East Lansing, MI.

REDACTED
Preschool Teacher, the Learning Tree Child Development Center,
Dewitt. MI.

REDACTED - Evaluative Assistant, Community Mental Health, Department of Evaluation, Lansing, Mi.

REDACTED - Teaching Assistanc, Michigan State University, Department of Psychology, East Lansing, MI.

REDACTED: - Student Assistant to the Clean Indoor Air Act Policy, Michigan Department of Public Health, Cancer and Tobacco Unit, Lansing, Ml.

policies is another support function that is routinely handled by MITOP, with assistance from the Department's Office of Publications and Media Services. Support functions include: maintaining mailing and phone lists of major and minor media, including television and radio stations, daily and weekly newspapers, and press and other information services; preparing press notices and news releases; writing speeches for key officials; arranging press conferences or other press event; and giving interviews with television, radio, and print media.

Fiscal management functions of MITOP are supported by the Office of Budget and Finance. MITOP fiscal management responsibilities include development and execution of a budget based on multiple funding sources, i.e., state General Fund appropriations, state Restricted Revenue appropriations, a CDC cooperative agreement and an NCI grant. Expenditures are monitored through a computerized reporting system which keeps track of expenditures by source of funds and by responsible organizational unit. Documentation of expenditures and financial transactions are maintained in the Office of Budget and Finance. The Office also prepares the appropriate expenditure reports and forms through which the Department is reimbursed from federal grants, cooperative agreements, or contracts.

In addition to budgeting and maintaining fiscal accountability to the various sources of funding for the program, staff in MITOP are responsible for awarding contracts to other agencies and individuals. responsibility includes preparation of requests for proposals, development of selection criteria and evaluation forms, organization of review panels, and negotiation and preparation of contracts. Once the contracts have been executed, MITOP staff monitor expenditures and program performance. The Office of Budget and Finance provides support by reviewing contract budgets and language for consistency with Department and state policies, obtaining authorized Department signatures, reviewing contractor expenditure reports, and making appropriate reimbursements. The Office may arrange for routine or special audits of agencies with which the Department has contracts.

Maintenance of program records and report preparation is a routinely performed function. A records retention schedule is completed for all program records. The record is be kept for a specified period in files located in the appropriate program office and later transferred off site to the state's record management center where it is stored for a further specified period. The length of time a record is kept at the program office and records storage center varies

according to the nature of the record and the wishes of the original creator (or custodian) of the record. At the end of the specified period, the record is evaluated for permanent inclusion in the State Archives. If the record is not a suitable candidate for the Archives, it will be destroyed, but not until the original custodian has been notified and given an opportunity to reclaim the record.

Since the Michigan Department of Public Health is located adjacent to the records storage center, records can generally be retrieved and delivered to the original custodian within one working day. Department staff may also visit the center and obtain a record on the same day. The Program Development Section routinely requires local health departments and other agencies to provide local data in formats and on schedules that allow for the timely submission of program reports to federal funding agencies.

C. Public health and health promotion community intervention.

Because of the nature of its mission, the Michigan Department of Public Health has vast experience with a broad range of public health and health promotion community interventions. These experiences include: periodic community projects to increase immunization levels; community and neighborhood interventions to identify and enroll high risk pregnant women in nutrition and pre-natal care programs; interventions to increase community awareness of high blood pressure and blood pressure screening services; and community and neighborhood environmental health interventions designed to identify and remove lead paint and control rodents in inner city areas.

Several specific examples within the Division of Research and Development, including efforts undertaken by the Program Development Section and MITOP, may also be cited.

- 1. Community-based worksite wellness demonstration projects: Five community-based projects were the precursors to the state-wide Worksite Wellness program described above and in Section IV.C.
- 2. Bicycle Helmet Safety Demonstration Projects: Three community based projects have been established to increase the use of bicycle helmets among children, using local media, school programs, and other promotional efforts.
- 3. Diabetes Outreach and Referral Networks: Two locallybased interventions designed to identify diabetic persons at risk of developing complications and

providing them with preventive health care services are described above.

- 4. Diabetes Education Follow Through Demonstration Projects: Two demonstration projects, one in a rural area and one in an urban area were designed to show cost savings associated with decreased hospitalizations as a result of coordinated community care for persons with diabetes. These were the precursor demonstrations for the Diabetes Outreach Networks.
- 5. Community-based anti-tobacco coalitions: Nine coalitions have been organized in more than a dozen counties and communities, with the assistance of MITOP. These coalitions are described in detail in Sections II.E. and VI.
- D. Demonstrated ability to convene and coordinate efforts of diverse groups within constituency.

One of the most important roles which the Michigan Department of Public Health plays is to build consensus and coordinate efforts of many groups and organizations with diverse health interests. This is done through advisory groups, a large number of which serve the Department.

Some commissions and advisory groups are established in state statute, with members usually appointed by the Governor. Three examples within the Center for Health Promotion are: the Risk Reduction and AIDS Policy Commission, an 11-member group which advises on expenditures from the Michigan Health Initiative Trust Fund (from which the tobacco media campaign and clearinghouse is funded—see Section IV.B.); the Chronic Disease Advisory Committee, currently consisting of 24 members, which plans and coordinates programs related to the major chronic diseases and conditions (see Appendix L); and the 14-member Agent Orange Commission, an advocacy group for research efforts focusing on the adverse health effects which Viet Nam veterans may suffer as a result of exposure to the widely used defoliant. Staffing the latter two groups is the responsibility of the Center's Division of Research and Evaluation.

Other policy advisory or coordinating groups are established by the State Health Director for the Department's major programs. Generally, these groups are constituted to obtain broad-based representation from the various health and other interests associated with the program. Such groups may be strictly advisory to the Department or may have an independent status even though Department had a leadership role in the group's formation. Examples of such groups for which the Program Development Section is responsible include: the Diabetes Policy Advisory Council; the Diabetes Education and Minority Health Coalition; the

Michigan Cancer Consortium (see Appendix M); and the Tobacco-Free Michigan Action Coalition (described in Section VI.).

A third method which the Department uses to convene and coordinate diverse constituencies is the ad hoc committee or task force. Successful examples of this type of group for which the Program Development Section has been responsible are the Task Force on Minority Health, the Michigan Tobacco Reduction Task Force, and the Michigan Breast Cancer Task Force, each of which is described above.

Access to target groups of smokers and leaders.

Section VI. discusses in detail the various constituencies and target groups represented on Michigan's anti-tobacco coalitions, including the intervention region coalitions and the state-wide coalition. Target groups are represented in these coalitions by minority organizations including Blacks, Hispanics, Asians, Arabs, and Native Americans. Other organizations with access to target groups are business and labor organizations, women's organizations, church organizations, and youth groups. addition, a wide variety of education groups and organizations with access to children and young adults from kindergarten through college age are well represented in both the local coalitions and the state-wide coalition. Another prominently represented group is health care professionals, including physicians, dentists, nurses, health care administrators, and voluntary health associations.

In addition to the groups and leaders represented on the local and state coalitions, the applicant has had substantial experience working with leaders and organizations with access to a variety of potential target groups. This experience includes the successful experience with Task Force on Minority Health, as well as work done with the business community and labor organizations like the UAW and local units of the Michigan Education Association through the Worksite Wellness program. Staff from the Center for Health Promotion work closely with both public and private school systems in the development and implementation of the Michigan Model for Comprehensive School Health Education. Another example of gaining access to workers through cooperative efforts with labor and business is a diabetic eye disease screening project undertaken with the UAW, Chrysler Motor Company, Blue Cross/Blue Shield of Michigan, and the Wayne State University School of Medicine. In addition, staff of the cancer program worked effectively with a number of women's groups including the Junior League, League of Women Voters, and the Michigan Women's Commission to obtain passage of the Michigan 2023673123 Breast Cancer Mortality Reduction Act.

VIII. VOLUNTARY HEALTH AGENCY QUALIFICATIONS

The American Cancer Society, Michigan Division, located in Lansing, is the voluntary health agency that will share the lead agency role for ASSIST with the Michigan Department of Health.

Describe and document the following qualifications of the collaborating voluntary health agency:

A. The organization shall receive no federal funds, either directly or indirectly, or through a subcontract with the health department.

National ACS policy prohibits the society from receiving federal funds. Therefore, the Michigan Division, as part of the national society, abides by this policy.

B. The recognition and promotion of the primacy of cancer prevention and control as part of the organization's chartered goals.

The mission of the ACS is as follows: The American Cancer Society is the nationwide voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives from cancer, and diminishing suffering from cancer through research, education, and service.

The Michigan Division Board of Directors, at its June 21, 1990 meeting, approved "Strategic Directions to Begin the 1990s," which fully defines the means through which the Division will approach its mission. These Strategic Directions were developed by volunteers and staff representing the entire state. A copy of the Division's Strategic Directions is attached as Appendix N. The Michigan Division places high priority on risk identification and risk reduction, both important facets of cancer control, and gives high priority to tobacco control as part of the Division's total cancer control program.

In the 1988-89 fiscal year, to implement its mission in Michigan, the ACS, Michigan Division, used its funds as follows (see Annual Report attached as Appendix O):

Research and other national programs	40%
Public education	178
Professional education	5%
Patient services	148
Community services	68
Management and general	5%
Fund raising	13%

C. The contribution of staff, training, travel, and materials equivalent to a minimum of 15% of total contract funds distributed annually throughout the duration of the project, which includes a minimum on one FTE devoted exclusively to the project.

The Division Board of Directors, at its June 21, 1990 meeting, voted to support the ASSIST contract proposal. The Division's commitment to at least 15% of the requested contract amount will be provided as follows:

For each year of Phase I

Salaries Project Coordinator (1 FTE) \$35,000 Field Staff (1 FTE) 20,000 Admin. Assistant (.5 FTE) 9,000 Clerical Staff (.5 FTE) 7,000	\$71,000
Fringes Telephone and Postage Supplies and Materials	19,700 4,000 5,000
TOTAL	\$99,700
For each year of Phase II Salaries Project Coordinator (1 FTE) \$35,000 Field Staff (3.5 FTE's 77,000 Admin. Assistant (1 FTE) 18,000 Clerical Staff (.5 FTE) 7,000	\$137,000
Fringes	36,000
Office space & utilities Phone and Postage	1,500 6,000
Materials	60,000
Training and Travel	9,000
TOTAL	\$249,500
TOTAL	3243,300

D. An organizational structure and volunteer network on the local level that addresses the needs of the intervention site. A minimum of one volunteer per 1000 population is required.

The ACS, Michigan Division, is directed by volunteer Boards of Directors in 81 Units in the state, as well as by a Division Board of Directors, representing the local Units. In addition to the Boards of Directors, more than 50,000 volunteers are actively

involved in public and professional education, service, fundraising, and the many other tasks necessary to achieve the Division's mission. ACS volunteers are distributed proportionally throughout the state.

Many examples of the usefulness of ACS volunteers in Michigan can be cited. Nearly 7,000 volunteer school coordinators alert teachers to the availability of ACS youth programs. The coordinators provide training and materials for teachers, who then take the lessons to their students.

In 1990, the ACS annual Nutrition Promotion was successfully promoted by volunteer activities of registered dietitians and food service personnel in schools, health care facilities, corrections facilities and senior citizens centers. Through this effort, the Division reached nearly 50,000 adults and 20,000 youth with cancer-preventing nutrition messages.

E. Demonstrated institutional and volunteer experience in the implementation of smoking prevention and control consistent with NCI standards for Comprehensive Smoking Prevention and Control.

The ACS has long been looked upon as a leader in smoking prevention and control, and the Michigan Division is a national leader among the state divisions. In the intervention regions, the following program activity statistics, indicating the number of persons served, support the Michigan Division's strong emphasis on tobacco prevention, cessation, and education.

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ASSIST REGIONS	1986-1987	1987-1988	1988-1989	1989-1990
Genesee County:				
Youth, all	50,846	56,439	137,753	46,528
Adults, tobacco	3,713	4,201	11,189	13,471
Kent County:	•			
Youth, all	63,866	66,857	83,926	98,755
Adults, tobacco	5,644	1,786	5,067	6,814
Wayne County:	•		*1	
Youth, all	164,209	223,697	297,849	348,498
Adults, tobacco	25,011	36,143	42,951	55,037
Upper Peninsula:				
Youth, all	18,211	31,110	36,072	65,862
Adults, tobacco	304	2,346	4,551	6,347
Total, all inter-				
vention regions:				
Youth, all	297,132	378,103	555,600	559,643
Adults, tobacco	34,672	44,476	63,758	81,669
	,	,	,	,

These programs were presented by both volunteers and staff.

In 1988-89, Michigan was one of eleven divisions nationwide to receive the Gold Public Education award. To receive this award, a Division must:

- reach annually at least 15% of adult and 60% of youth audience potentials, through recommended channels and by specific site/theme;
- achieve PACE-setter performance levels (reach 10% of adult potentials and 40% of youth potentials) in at least 20% of Units, with emphasis on major metro Units; and
- have in force Minimum Public Education Standards (to reach annually at least 3% of adult potentials and 10% of youth potentials) for all Units.

In 1989-90, 30 of Michigan's 81 Units reached the PACE level. Fifteen of these Units exceeded the PACE level by more than 15% and received the Gold PACE award for their efforts.

Each Unit is required to report quarterly on their program activities. These reports show that the Michigan Division of the ACS promotes tobacco prevention and risk reduction messages to thousands of Michigan resident each year, and the number is steadily increasing.

Michigan adults reached by ACS programs during the past five years number as follows:

1985-86: 66,463 1986-87: 93,394 1987-88: 134,805 1988-89: 177,812 1989-90: (not yet available)

):

Almost all youth programs include smoking prevention messages. In the past four years, these numbers also increased:

1985-86: 669,901 1986-87: 786,753 1987-88: 1,058,426 1988-89: 1,562,591 1989-90: 1,687,566

Because programs are provided free of charge, the Society is able to access almost every population. As the ASSIST project interventions become well-known, additional requests for programming are expected.

The ACS takes a leadership role in tobacco reduction activities in Michigan. In 1989, the Chairman of the Board of the Michigan Division served as vice chairperson of the Cessation Subcommittee of the Michigan Tobacco Reduction Task Force. The recommendations of this Task Force are the focus of the new Tobacco-Free Michigan Action Coalition, and this coalition will be co-chaired by an ACS volunteer. Included in the goals of TFMAC is the strengthening of the Michigan Clean Indoor Air Act. Volunteers and staff from the Michigan Division worked effectively with the Coalition on Smoking OR Health to pass this history-making legislation.

The Michigan Division took major responsibility for promoting participation in the Smoke-free Class of 2000, both in 1989 and 1990. More than 900 schools used this curriculum, and over 9,000 neon painters hats were sent to the students and teachers to use in their end-of-the year celebrations. This was a cooperative effort involving the Michigan Education Association, Special Services Association, which financed the hats, as well as the ALA and AHA.

The Michigan Division has twenty-five volunteers (Master Trainers) who are trained to "train the trainer" in smoking/tobacco programs. These volunteers are from business, industrial, medical, armed forces and educational organizations. They are located in all areas of the state, and each has trained numerous volunteers to facilitate our many tobacco-related programs. One example is the National Guard, whose Master Trainer recently trained Guard facilitators in seven counties in Michigan. These

facilitators have volunteered their time to present the foursession Freshstart stop smoking program to the general public.

Volunteers from the Michigan Division actively participate in the promotion of anti-tobacco, pro-health legislation. Members of the Division Public Issues Committee as well as staff prepare and present testimony to legislative committees whenever appropriate. Also, the Public Issues Committee is preparing to survey state legislators to obtain their views on cancer prevention and control and public policy priorities in this area. The Division works closely with the state chapters of the AHA and the ALA in the Michigan Coalition on Smoking OR Health to present strong advocacy for tobacco control policy in Michigan.

Further details on ACS tobacco-related media and interventions throughout the state can be found in Sections IV.B. and IV.C.

r. The ability to develop, produce, and distribute smoking cessation and prevention materials on a project-wide basis in a timely fashion.

The ACS national office develops and produces cessation and prevention materials, which are distributed by the Michigan Division. The Division operates its own materials warehouse and ships an average of 5,000 orders each year. Orders are usually shipped within one day of receipt of order from the local Units.

In addition to supporting these national programs, the Michigan Division has helped local Units to create custom-designed programs, some of which have won National Honor citations for their smoking prevention and cessation messages. For example, in 1989, the Oakland County Unit, in Michigan's largest metropolitan area, received a National Honor Citation for their collaboration with a local school district to produce activity and study materials to accompany a play entitled "Pinocchio, Don't Smoke that Cigarette." The play was performed by middle school students for thousands of youth in the metropolitan area schools, and their teachers were provided with the complementary materials. The Division Office was instrumental in the production of the materials.

Educational materials are increasingly used to effectively promote healthy lifestyles in workplaces also. For instance, the Macomb County Unit, also in the Detroit metropolitan area, coordinated the development of a worksite education program in cooperation with Ford Motor Company volunteer leadership and seven other major business and industrial groups, including Ameritech Publishing and Volkswagen of America. A sample recruiting letter attached as Appendix P.

The most illustrious example of the Division's ability to reach thousands of people in short periods of time is the Great Ameri-

can Smoke Out, held in November of each year. There are 50 different items used in support of this project. These range from the more traditional printed materials (pamphlets, posters, bill stuffers, and school, hospital and company "kits") to novel items (t-shirts, buttons, balloons, cigarette lighter plugs and headless matches). Statewide, over 700,000 items are distributed during this event each year, at a total cost of \$35,500.

G. The demonstrated capacity to extend the organization's commitment to smoking prevention and control activities beyond the duration of the project.

As indicated in the statistics above, the number of Michigan persons reached with cancer control messages increases each year. ASSIST will provide the Michigan Division with the means to further increase cancer control efforts related to tobacco. It will provide new interventions which can be used by volunteers and staff in every county in the state after the contract period is completed.

Additionally, the added visibility given to the ACS, Michigan Division, by the ASSIST project will increase contributions and make it possible for the Division to maintain a high level of anti-tobacco activity. New volunteers recruited through the ASSIST interventions will add to the already solid volunteer base.

The Michigan Division of the American Cancer Society has a history of increasing emphasis on tobacco control. This history and the Division's recent reiteration of the emphasis through new Strategic Directions, make tobacco control a priority. The Michigan Division of the ACS is an ideal partner for the ASSIST project.

IX. SCHEDULE

Provide a schedule for completion of the work and delivery of items specified in the Statement of Work.

The following charts list the tasks to be accomplished and the items to be delivered during the ASSIST project Phase I, Phase II (months 1-30), and Phase II (months 31-60). Each task has been placed on a calendar which indicates the period during which the task will be on-going, and/or the date of completion. Meetings that will take place periodically during the project period are given a special notation that indicates "as scheduled". A key at the bottom of each page identifies the symbols used in the charts.